

PLEASE READ ALL INSTRUCTIONS' BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M45822**

1. Corporation Name

**GROVE VILLAGE CLEANERS, INC**

*w1-32241*

2. Principal Office Address - No P.O. Box #

C/O YAHYA KOITA 2779 BIRD AVENUE, MIAMI, FL 33133

3. Mailing Office Address

C/O YAHYA KOITA 2779 BIRD AVENUE, MIAMI, FL 33133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

US

7. Name and Address of Current Registered Agent

Name

*YAHYA KOITA*

Street Address (P.O. Box Number is Not Acceptable)

*6956 Sunrise Terrace*

Suite, Apt. #, Etc.

City

*Coral Gables*

State

FL

Zip Code

*33133*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*Yahya Koita*  
REGISTERED AGENT MUST SIGN

Date **06/30/2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KOITA, YAHYA	2779 BIRD AVENUE	MIAMI FL 33133

10. E-mail Address: **YKOITA@HOTMAIL.COM, YAHYAKOITA@GMAIL.COM**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

*Yahya Koita*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/30/2010**

Date

**3058041396**

Daytime Phone #

10 AUG -5 PM 4:28

200182963662  
08/05/10--01030--008 \*\*300.00

**REINSTATEMENT** *08-10*

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida **02/01/1987**

5. FEI Number  
**59-2778657**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

200182963662  
07/05/10--01068--011 \*\*750.00

*8/6a*