

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 20 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000001210

1. Corporation Name

THE ONE AND ONLY CLEANERS, INC.

2. Principal Office Address

9558 SW 160TH ST

Suite, Apt. #, etc.

NONE

City & State

MIAMI FL

Zip

33157

Country

USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1999

5. FEI Number

65-0980117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

83-04

04-13-04 01086 005 \$900.00

7. Name and Address of Current Registered Agent

Name

YALORDE NIEVES

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

14235 SW 294TH ST

Suite, Apt. #, Etc.

(NONE)

City

MIAMI

State

FL

Zip Code

33033

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

(X) [Signature]

Date

4/16/04

REGISTERED AGENT MUST SIGN

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
PD	MARITZA BRACHO	9558 SW 160TH ST	MIAMI FL 33158
VIP	ROBERTO BRACHO	9558 SW 160 ST	MIAMI FL 33158
STO	YALORDE NIEVES	9558 SW 160 ST	MIAMI FL 33157

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO BRACHO

Date

4/16/04

Daytime Phone #

(305)

255-8313

CR2E081 (01/04)

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