

APPROVED  
AND

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JUL 12 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000008586**

1. Corporation Name

**REAL CLEANERS SERVICE III, INC.**

**7106000028232**

2. Principal Office Address

**P.O. Box 423196**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 423196**

Suite, Apt. #, etc.

City & State

**KISSIMMEE, FL.**

Zip

**34742-3196**

Country

**U.S.A.**

City & State

**KISSIMMEE, FL.**

Zip

**34742-3196**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01-26-2000**

5. FEI Number

**59-3696369**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**MYRIAM RODRIGUEZ**

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

**822 WEST BRYAN ST.**

Suite, Apt. #, Etc.

City

**KISSIMMEE**

State  
**FL**

Zip Code  
**34741**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**7-5-06**

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
D	MYRIAM RODRIGUEZ	822 W. BRYAN ST.	KISSIMMEE, FL. 34741

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 contained in Chapter 119, 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

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MYRIAM RODRIGUEZ, DR.**

Date

**7-5-06**

**407-791-7979**

Daytime Phone #

7/18/06

Page 2/2

May 26, 2006

To Whom It May Concern:

I am writing this letter at the request of Myriam Rodriguez due to her difficulty with the English language.


Ms. Rodriguez has been trying to straighten out her corporation's status for the past three years. In 2003 Ms. Rodriguez sent a check in the amount of \$150.00, made out to the Florida Department of State for the renewal of her corporation. The check was received and cashed by the Department of State but her corporation was never renewed. As far as Ms. Rodriguez knew, her corporation was renewed and active - after all, she had the cancelled check that proved she had paid in a timely manner. Ms. Rodriguez tried to renew her corporation in 2004 and that's when she found out that her corporation was inactive and had not been renewed in 2003. Since then Ms. Rodriguez has been trying to straighten out this matter but has had no success.

Ms. Rodriguez would appreciate help in resolving this matter once and for all. Please let her know what she needs to do and what it will cost to bring her corporation to the active status. Please take into consideration that the error was on your end.

All correspondence regarding this matter should be sent to the following address:

Ms. Myriam Rodriguez  
c/o Taxman Accounting, Inc.  
822 West Bryan Street  
Kissimmee, Fl. 34741

Thank you.

Myriam Rodriguez   
Myriam Rodriguez