

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000012391

1. Corporation Name

BOULEVARD CLEANERS, INC.

Principal Place of Business

830 ALI-BABA AVE  
OPA LOCKA FL 33054

Mailing Address

830 ALI-BABA AVE  
OPA LOCKA FL 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

07

4. Date Incorporated or Qualified  
To Do Business in Florida

01/31/2000

5. FEI Number

65-0983538

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	TORRENTE, JORGE	5251 N. BAY RD.	MIAMI BEACH FL 33140
VP	GLORIA, TORRNT	5251 N BAY RD	MIAMI FL 33140

000024341160  
10/31/03 01000 021 \*\*150.00

8. Name and Address of Current Registered Agent

MIRMELLI, E. JAY  
5251 N. BAY RD.  
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/03

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/03 (305) 6813402

CR2E040 (7/03)

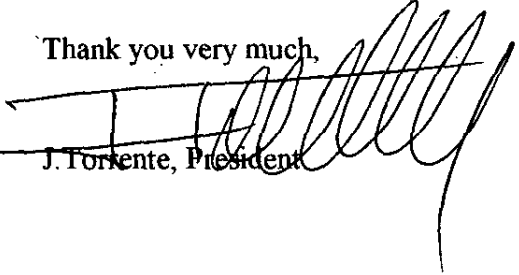
Opa-Locka, Florida  
October 28<sup>th</sup>, 2003

Florida Department of State  
Division of Corporations

Dear Ladies/Gentlemen,

We want to reinstate Boulevard Cleaners Inc., FEI # 65-0983538. According to your instructions (Important Facts), we are letting you know we have not received any previous forms on the mail from you for the current year 2003. A check of \$150.00 is enclosed.

Thank you very much,

  
J. Torrente, President