PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	ALL INSTRUCTIONS BEFORE	COM LICENTO TINO TOTAL
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED
		02 APR 18 AM 8: 27
DOCUMENT # POOC	00020735	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	ers & Laundries,	1 NC.
,		
2. Principal Office Address 1739 SW 8th Street	3. Mailing Office Address	7
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Fiorida
City & State MIANII FL	City & State	5. FEI Number Applied For
33135 Country DADE	Zip · · Country	6. CERTIFICATE OF STATUS DESIRED Status 88.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Julio (respo	2000054827520
Street Address (P.O. Box Number is Not Acceptable) 108535W 75 +ERR ****300.00 *****300.00		
City MIAMI		State Zip Code 73173
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 V 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 Ea Officer and/or Direct	
Aresto Julio Cresp	D 108535W 75	ters MIA. FL 33173.
		No feet to the feet of the fee
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: SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR Date Date		

Xpres Cleaners & Laundries, Inc.

March 27, 2002

Division of State
Division of Corporations
Reinstatement Department
409 East Gaines St.
Tallahassee, FL 32399

To whom it may concern:

Enclosed please find a check in the amount of Three Hundred dollars (\$300.00) for Reinstatement of Xpres Cleaners & Laundries, Inc., Federal EIN 65-1024861.

Did not receive any notices due the purchase of the business back in February 2000 with the change of ownership and Name of buisness the UBR were never received by new owner. Would like late fees to be waved

Please send any future documents to the following address:

Xpres Cleaners & Laundries, Inc. 1739 SW 8th Street Miami, FL 33135

Sincerely,

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