

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 21 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-00000048411*

1. Corporation Name

PRESTIGE CLEANERS OF THE PINES, INC.

REINSTATEMENT *01-04*

2. Principal Office Address
9147 TAFT STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip
33024

Country
US

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip
33024

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 05/16/2001

5. FEI Number
65-1011632

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

VINCENT T. SAMMARCO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1401 S. ANDREWS AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code
33316

100042032601
10/20/04--01088--005 **1210.00

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]

Date *10/19/04*

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
P/D	LEO PARNES	9147 TAFT STREET	PEMBROKE PINES, FL 33024

10/19/04

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-2004 954-655-1850

Date

Daytime Phone #

CR2E081 (01/04)