## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		OBOCT -6 PM 4: 55
DOCUMENT #  1. corporation Name  PRESTIGE CLEANERS	OF THE Pines	·	LLAHASSEE, FLORIDA
P00000048411		80 10/08	00136672278 5/0801054007 **300.00
2. Principal Office Address - No P.O. Box #  907 That St  Suite, Apt. #, etc.	3. Mailing Office Address 9075 Tapt ST Suite, Apt. #, etc.	REIN	STATEMENT 07-08
City & State	Cityp& State	4. Date income To Do Busi	porsted or Qualified MAY 16,2000 ness in Florida MAY 16,2000
TEMBROKE HINES, FLA , Zip Country   33024	PCABROKE FINES, FLB ZID COUNTRY ZID COUNTRY	6.	Not Applicable  Se OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name  Name  Process  Process  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  City  CMBROKE  Name and Address of Co.  Process  Suite Apt. #, Etc.	State   Zip Code   FL   3 3 0 0 9	circum the pri are ce receive	instatement fee is imposed, except in stances which the entity did not receive or notices. By checking this box, you entifying the prior notices were not ed and requesting the reinstatement waived.
Signature of Registered Agent  REGISTERED AGENT MUST SIGN  B. I, being appointed the registered agent of the apove named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Date /0-/- Z008			
9. Names and Street Addresses of Each Officer and/or Director (Florids nonprofit corporations must list at least 3 directors)			
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo	h r	City / State / Zip
The DANNESS 7775 SOUTHAMPTON TEXA TAMBRAC FLA 33321			
5 Les PARNES	TITI SOUTHING	on KA	THAMAIAC FLA 3321
V Les PALVE	SC 7775 Southages	e Texa	TAMAKAC FLA 33321
D Leo PARNO	es THE Sout HAMP	or Tell	THRANAC, BLA 33221
C LCO PARNEST	775 South AMOT	on Fran	TAMARAC YOU 33321
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 507 or 617, F.S. I further certify that when filling 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 it made under oath.			
SIGNATURE: 10-1-2008 954-65-1850 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dete Despire Phone #			