


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

148

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
The Honorable  
Secretary of State  
IN CORPORATIONS

**01-02 UBR**

FILED  
02 MAR -4 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065354

1. Corporation Name  
**My Brothers Cleaners, Inc.**

2. Principal Office Address <b>2011 Madeira Dr.</b>		3. Mailing Office Address <b>2011 Madeira Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Weston, FL.</b>		City & State <b>Weston, FL.</b>	
Zip <b>33327</b>	Country <b>USA</b>	Zip <b>33327</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **July 7 2000**

5. FEI Number **65-1021565**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Johnny Maalouf**

Street Address (P.O. Box Number is Not Acceptable) **2011 Madeira Dr.**

Suite, Apt. #, Etc.

City **Weston**

State **FL** Zip Code **33327**

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 **Johnny Maalouf** Date **2/5/02**

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/T	Johnny Maalouf	2011 Madeira Dr.	Weston, FL, 33327
V/S	Joseph Maalouf	2011 Madeira Dr.	Weston, FL. 33327

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: **Johnny Maalouf** **Johnny Maalouf** Date **2/5/02** Daytime Phone # **(954) 484-8505**