


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000065354

1. Corporation Name
My Brothers Cleaners, INC.

2. Principal Office Address
2550A W. Commercial Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address
2550A W. Commercial Blvd.
Suite, Apt. #, etc.

City & State
TAMARAC, FL.

City & State
TAMARA, FL.

Zip Country
33309 USA

Zip Country
33309 USA

FILED

04 JUN -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300037434543
06/01/04--01008--007 **\$00.00

REINSTATEMENT

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

5. FEI Number 651021565 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: Johnny Maalouf

Street Address (P.O. Box Number is Not Acceptable): 6815 Stirling Rd.

Suite, Apt. #, Etc.:

City: Davie

State: FL Zip Code: 33314

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent: *Johnny Maalouf* REGISTERED AGENT MUST SIGN

Date: 5/25/04

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	Johnny Maalouf	2550A W. Commercial Blvd.	Tamarac, FL. 33309
VP	Joseph Maalouf	2550A W. Commercial Blvd.	Tamarac, FL. 33309

03-04

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)(g), 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 5/25/04 (954)274-7393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)