

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 23 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000095450

1. Corporation Name

IMPERIAL BEACH CLEANER & LAUNDRY, CORP.

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

4705 N. OCEAN BLVD.

4705 N. OCEAN BLVD.

SEA RANCH LAKES FL 33308

SEA RANCH LAKES FL 33308

208 E. COMMERCIAL BLVD. LAUDERDALE BY THE SEA, FL 33308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1048777

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SOBARZO, ALEX	4705 N. OCEAN BLVD. 208 E. COMMERCIAL BLVD.	SEA RANCH LAKES FL 33308 LAUDERDALE BY THE SEA
			500031352125 03/29/04--01084--011 **758.75
			500031352125 04/28/04--01026--007 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOBARZO, ALEX

4705 N. OCEAN BLVD.

SEA RANCH LAKES FL 33308

208 E. COMMERCIAL BLVD.
LAUDERDALE BY THE SEA, FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

03/22/04

11. 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/22/04