

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03-JUN 18 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000105595**

1. Corporation Name

Professional Dry Cleaners, Inc.

2. Principal Office Address

16141 Bluff Blvd.

Suite, Apt. #, etc.

301

City & State

Weston, FL

Zip

33326

Country

U.S.A.

3. Mailing Office Address

913 Ashmeade Ct.

Suite, Apt. #, etc.

City & State

Port Orange, FL

Zip

32127

Country

U.S.A.

800020973038
06/18/03--01048--007 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

11-1-2001

5. FEI Number

061634371

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

Geoffrey W. Gazda

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

913 Ashmeade Ct.

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32127

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

Date **6-6-03**

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/V/D T/O	Geoffrey Gazda	913 Ashmeade Ct.	Port Orange, FL 32127

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey W. Gazda

Date

6-6-03 (386) 304-5705

Daytime Phone #

CR2ED01 (10/02)

6/19

Professional Dry Cleaners, Inc.
16141 Blatt Blvd.
#301
Weston, FL 33326

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement Filing

Dear Administrator:

Please find attached a corporate reinstatement form for Professional Dry Cleaners, Inc. and a check for \$308.75. We did not receive previous notice of the Uniform Business Report. I called and spoke with an administrator and was advised to send in a check for \$300 explaining that no Report had been received. The additional \$8.75 is for a certificate to be mailed to 913 Ashmeade Ct., Port Orange, FL 32127. Expeditious processing would be greatly appreciated.

If you have any questions please feel free to contact me at (386) 304-5705. Thank you for your assistance.

Sincerely,



Geoffrey Gazda
Director