


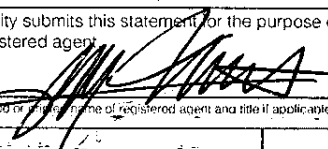
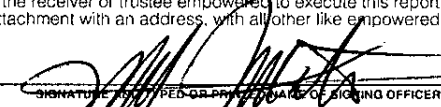
# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

DOCUMENT # P01000112112					
1. Entity Name FLORIDA FABRICARE CLEANERS & LAUNDRY INC.					
Principal Place of Business 13541 N FLORIDA AVE TAMPA, FL 33612			Mailing Address 13541 N FLORIDA AVE TAMPA, FL 33612		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3757218	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATAR, ABDALLA 13541 N FLORIDA AVE TAMPA, FL 33612				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MATAR, ABDALLA 13541 N FLORIDA AVE TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000042607410 11/09/04--01072--023 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MATAR, AZIZEH 13541 N FLORIDA AVE TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: 11/2/04 DAYTIME PHONE #					

**Fabricare Cleaners & Laundry, Inc.**

242

13541 N. Florida Ave.

Tampa, Florida 33613-4202

Phone:(813) 961-6423

Fax:(813) 969-0964

December 2, 2004

Florida Department of State

Glenda Hood

Sect. of State

Division of Corporations

Re: # P01000112112

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To Whom it may concern,


Enclosed please find copies of reports filed in our other businesses. Myself as well as my office staff, thought that all of the required forms had been sent to your office.

We have not found any forms for Fabricare Cleaners & Laundry. I do not believe that we received the original forms. On November 2, 2004 we did send the reinstatement forms and fee's.

Not filing on time was not intentional. It would not be in our interest to let our corporation be dissolved or revoked as penalties for doing so are quite steep.

Your help in this matter would be greatly appreciated. Thanking you in advance for your quick action in this matter.

Abdalla Matar



President  
AM/dnb