

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 JUN -4 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031282

1. Corporation Name

STIRLING PLACE DRY CLEANERS, INC.

Principal Place of Business

Mailing Address

6815 STIRLING ROAD
DAVIE FL 33314

6815 STIRLING ROAD
DAVIE FL 33314



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2002

5. FEI Number

75-3031173

Applied For

Not Applicable

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	MAALOUF, JOHNNY	6815 STIRLING ROAD	DAVIE FL 33314
D	MAALOUF, MICHAEL	6815 STIRLING ROAD	DAVID FL 33314
D	MAALOUF, JOSEPH	6815 STIRLING ROAD	DAVIE FL 33314

700037434437
06/01/04--01006--003 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEINBERG, STEVEN A
7805 S.W. 6TH COURT
PLANTATION FL 33324

Name

Johnny Maalouf

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

6815 Stirling Road

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33314

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

Johnny Maalouf
REGISTERED AGENT MUST SIGN

Date

5/25/04

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:

Johnny Maalouf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/04 (954)274-7393

Date

Daytime Phone #

CR2E040 (7/03)