

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000035313

1. Entity Name
GOOD SAMARITAN DRY CLEANING AND ALTERATIONS,
INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -3 PM 2:25

Principal Place of Business
14804 SOUTH MILITARY TRAIL
DELRAY BEACH, FL 33484

Mailing Address
14804 SOUTH MILITARY TRAIL
DELRAY BEACH, FL 33484

2. Principal Place of Business

14804 S. Military Trail
Suite, Apt. #, etc.

3. Mailing Address

14804 S Military Trail
Suite, Apt. #, etc.



11102004 REIN-P CR2E098 (6/04)

City & State
Delray Beach, FL
Zip Country
33484 U.S.A

City & State
Delray Beach, FL
Zip Country
33484 U.S.A

4. FEI Number
03-0418517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORSAINUIL, JEAN
14804 SOUTH MILITARY TRAIL
DELRAY BEACH, FL 33484

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE P
NAME DORSAINUIL, JEAN ☐ Delete
STREET ADDRESS 502 SE 3RD AVE
CITY-ST-ZIP DELRAY BEACH, FL 334834416

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100043169631
STREET ADDRESS 12/03/04--01032--009 **750.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: JEAN DORSAINUIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1127.04 501498-2474
Date Daytime Phone #

121300