

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL -1 P 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400182840804
07/02/10--01001--004 *1634109

DOCUMENT # P02000036125

1. Corporation Name

Delray Cleaners Inc.
4051 W. ATLANTIC AVE.
DELRAY BEACH, FL 33446

2. Principal Office Address - No P.O. Box #

4051 W. ATLANTIC AVE

Suite, Apt #, etc

3. Mailing Office Address

13644 WEYBURN DR.

Suite, Apt #, etc

City & State

DELRAY BEACH, FL

Zip

33445

Country

USA

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

~~8000033396~~

Applied For

Not Applicable

6. ~~8000033396~~

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NANCY DESANTIS

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

13644 WEYBURN DR.

Suite, Apt #, Etc

City

DELRAY BEACH,

State

FL

Zip Code

33446

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

Nancy Desantis

REGISTERED AGENT MUST SIGN

Date 6/29/2010

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
Pres.	NANCY DESANTIS	13644 WEYBURN DR.	DELRAY BEACH, FL 33446

REINSTATEMENT

04-10
JSS

10. E-mail Address: NJD1227@MSN.COM

(To be used for future annual report notification)

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. I further certify, 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:

Nancy Desantis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/29/2010

Daytime Phone #

561

4991098