

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 AM 9:14

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

DRESS FOR SUCCESS! DRY CLEANING, INC.

REINSTATEMENT 03

600024169356
10/27/03--01075--018 **150.00

2. Principal Office Address

163 N. Powerline Rd.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL.

Zip

33442

Country

U.S.A.

3. Mailing Office Address

163 N. Powerline Rd.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL.

Zip

33442

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

April 8/2002

5. FEI Number

01-0683763

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

ALEJANDRO MONTEMAYOR

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

10548 Plainview Circle

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

Alejandro Montemayor

Date 10-21/03

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	ALEJANDRO MONTEMAYOR	10548 Plainview Cir.	BOCA RATON, FL. 33498

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

Date

Daytime Phone #

Alejandro Montemayor 10-21/03 (561) 305 2635

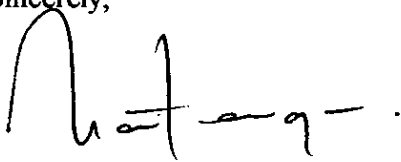
CR2E081 (10/02)

21/10/30

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

I'm writing this letter to request a fee waiver because I never received the corporation
~~annual report for 2003. Enclosed you will find a corporation reinstatement form and~~
check for \$150.00

Sincerely,

A handwritten signature in black ink, appearing to read 'Alejandro Montemayor'.

Alejandro Montemayor
President

Alejandro Montemayor
President