

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 25 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000049759**

1. Corporation Name

SSS of America Dry cleaners, Inc.

12/20/07--01003--019 **158.75

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

3970 W 12 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

FI

Country

Zip

33012

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

32-1430546

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

ROLANDO ALVAREZ

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

13781 SW 66 ST

Suite, Apt. #, Etc.

B-125

City

MIAMI

State

FL

Zip Code

33183

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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
PRES	ROLANDO ALVAREZ	13781 SW 66 ST	MIAMI FI 33183
SEC	ROLANDO ALVAREZ	13781 SW 66 ST	MIAMI FI 33183
VICBP	ROMELIO ALVAREZ	8415 SW 107 AVE #328	MIAMI FI 33183

REINSTATEMENT
2006-08

400112455824
01/23/08--01059--001 **41.25
400112455824
03/06/08--01017--007 **91.25
400112455824
03/06/08--01017--008 **8.75

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 contained in Chapter 119, 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 #