

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 AUG 18 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000065756**

**1. Corporation Name**

Riverside Dry Cleaner, Inc.

**2. Principal Office Address**

1650 Margaret St

Suite, Apt. #, etc.

3 Suite # 3

City & State

Jacksonville, FL

Zip

32204

Country

Duval

**3. Mailing Office Address**

1650 Margaret St.

Suite, Apt. #, etc.

3 Suite # 3

City & State

Jacksonville, FL

Zip

32204

Country

Duval

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified**

To Do Business in Florida 06/13/02

**5. FEI Number**

04-3695253

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

Dohee Kwak

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

1650 Margaret Street

Suite, Apt. #, Etc.

3

City

Jacksonville

State

FL

Zip Code

32204

**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 07/21/04

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	Dohee Kwak	13769 Shady Woods Street North	Jacksonville, FL 32224

**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

7/21/04

Date

Daytime Phone #

CR2E081 (01/04)

282

Riverside Dry Cleaner, Inc.  
Dohee Kwak  
13769 Shady Woods Street North  
Jacksonville, FL 32224

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Regarding Riverside Dry Cleaner, Inc., I just have learned that my corporation is not active. I have never received form to file, and my registered agent for the corporation never informed me to file. Please waive the reinstatement fee.

Sincerely

