

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 18 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000069811*

1. Corporation Name

EL GIGANTE DRY CLEANING & BOUTIQUE CORP.

2. Principal Office Address

1810 SW 22 Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

USA

3. Mailing Office Address

1810 SW 22 Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

USA

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

06-25-2002

5. FEI Number

81-0558896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name

ARMANDO FERNANDEZ

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

837 SW 13 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/16/04

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
<i>P</i>	<i>FERNANDEZ ARMANDO</i>	<i>837 SW 13 AVE.</i>	<i>MIAMI FL 33135</i>

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

*ARMANDO FERNANDEZ,
PRESIDENT*

Date

11/16/04

Daytime Phone #

CR20081 (01/04)

PREPARED BY	
DATE	

1 MIAMI, Nov-16-2004

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5 DEPARTMENT OF STATE

6 ANNUAL REPORT - REINSTATEMENT SECTION

7 P.O. BOX 6327

8 TALLAHASSEE, FL. 32314-6327

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10 DEAR DEPARTMENT OF STATE:

11

12 ENCLOSING A CHECK IN THE SUM OF \$150.00

13

14 PLEASE BE ADVISED THAT I DID NOT RECEIVED THE ANNUAL REPORT
15 FOR MY CORPORATION, PLEASE I AM PLEADING YOU TO ABSOLVE
16 THE PENALTY CHARGES,

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SINCERELY,

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19 ARMANDO FERNANDEZ

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President

Phone, 305-856-8887

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