

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 3:17

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073702

1. Corporation Name

CAPRI CLEANERS OF ORANGE COUNTY, INC.

Principal Place of Business

Mailing Address

2024 LINDEN ROAD
WINTER PARK FL 32792

2024 LINDEN ROAD
WINTER PARK FL 32792

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

100 LAKE AVE

City & State
MAITLAND FLORIDA

Zip Country
32751 USA

Suite, Apt. #, etc.

100 LAKE AVE

City & State
MAITLAND FLORIDA

Zip Country
32751 USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

5. FEI Number

02-0630114

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STAHLMAN, CLINTON WAYNE	2024 LINDEN ROAD	WINTER PARK FL 32792
			200024184892 10/28/03--01006--019 **150.00

8. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR.
1031 W. MORSE BLVD., SUITE 105
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/03

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/21/03

Daytime Phone # 407 629-5494

CR2E040 (7/03)

CAPRI CLEANERS OF ORANGE COUNTY, INC.
100 Lake Avenue
Maitland, Florida 32751

Phone 407-629-7599
Fax 407-629-6407

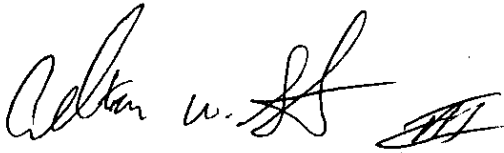
October 18, 2003

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

LETTER FOR REINSTATEMENT

I, Clinton Wayne Stahlman III, owner of Capri Cleaners of Orange County did not receive a packet from the Department of State regarding an annual report to be filed for the said corporation. I would like you to use this letter and the enclosed application as my request to reinstate the said corporation, CAPRI CLEANERS OF ORANGE COUNTY, INC.. This letter will also be used as authorization as well as the application to update the address for the corporation. If I can be of further assistance or if you need additional documentation, please contact me at the above number. Thank you in advance for your help in this matter.

Clinton Wayne Stahlman III

A handwritten signature in black ink, appearing to read "Clinton W. Stahlman III", with a stylized flourish at the end.

Enclosure