2005 FOR PROFIT CORPORATION

REINST	ATEMENT		
DOCUMENT # P03000061642			FILED
1. Entity Name A.J. LOW PRICE CLEANERS, INC.			05 APR 14 PM 4: 03
Principal Place of Business	Mailing Address		SECRETAR OF STATE TALLAHASSEE, FLORIDA
4129 S STATE RD 7	4129 S STATE RD 7	33319 DE	ALLAHASSEL, Editor
LAUDERDALE LAKES, FL 33319	LAUDERDALE LAKES, FL	. 33319 U ti	- 04
2. Principal Place of Bysiness A129 N State Rd 7		ate Bcl 7	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04082005 REIN-P CR2E098(6/04)
Lauderdale Lakes, FL	Laucler clade	lakes, FL	4. FEI Number Applied For 90-0088(43) Not Applicable
33319 Country	Zip 353 19	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Currer			7. Name and Address of New Registered Agent
ADME, GUILBERT			ne, Guilbert
4129 S STATE RD 7 LAUDERDĄLE LAKES, FL 33319		Street Address	190. Box Number is Not Acceptable 2007
		City Lave	derdale Lakes FL zin Soon 333
8. The above named entity submits this statement for 1.3 purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.			
Y Aller Adms Desident A19105			
SIGNATURE Sonature Treat or prints compared experience age		: Registered Agent signature req	
FILE NOW!! FEE IS \$150.00 After January 1, 2005, Fee will be \$30	0.00		
TITLE DP	DRS Delete	TITLE D,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P P Addition
NAME ADME, GILBERT	LE Delete	NAME ACTY	me. Gulbert
STREET ADDRESS 4129 S STATE RD 7 CITY-ST-ZIP LAUDERDALE LAKES, FL 333	40	STREET ADDRESS 415	ag in state Road 7
TITLE	☐ Delete	TITLE D.	diridale Lakes, Fl 33319 VP Change Pladdition
NAME	□ Delete	1 . · · · · · · · · · · · · · · · · · ·	ichin Jean.
STREET ADDRESS		STREET ADDRESS	30 N Stute MODEL T
CITY-ST-ZIP		1	ideidale Lakes, Fi 33319
TITLE NAME -	☐ Delete	TITLE NAME	2000\$2060₱₱७ □ ^{Addiso} 04/26/0501007006 **150.00
STREET ADDRESS		STREET ADDRESS	U4/26/U5=-010 0 7006 **150.00
CMY-ST-ZIP		CITY-ST-ZIP)k	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	20005206071 2 04/26/0501007005 **150.00
CITY-SI-ZIP		CITY-ST-ZIP	04/26/03~~U10U1~~003 **150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TIFLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET LODGES		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
	th this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an address	is true and accurate and that mo powered to execute this report a with all other like empowered.	y signature shall have the is required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if