## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # RO3 DOOD 66 29 2  1. Corporation Name  Dry Perfect cleaning, inc.  2. Principal Office Address - No P.O. Box # 124 OF 124			1	
DOCUMENT # \$03 DOOG 66 29 2  1. Corporation Name  Dry Perfect cleaning, inc.  2. Principal Office Address. No P.O. Box # 1240 I Sw 124 TER  Sulfe, Apr. # etc.  1240 I Sw 124 TER 1240 I Sw 124 TER  Sulfe, Apr. # etc.  1240 I Sw 124 TER  Sulfe, Apr. # etc.  1240 I Sw 124 TER  MIAMI FL  20 33186 FL  7. Name and Address of Current Registered Agent  Name  1. U.O. MISHALI  Steen Address F.O. Box Number is Not Acceptable)  1. 240 I Sw 124 TER  Steen Address F.O. Box Number is Not Acceptable)  1. 240 I Sw 124 TER  Steen Address F.O. Box Number is Not Acceptable)  1. U.D. MISHALI  Steen Address F.O. Box Number is Not Acceptable)  1. Dean appointed the registered agent of the above named corporation, an itematis with end accept the obligations of section 667 2055 or 617 2050. F.S.  Signature of Registered Agent  Resilier Price Property (all not because in the prior notices were not received in Prior and requesting the reinstatement fee be waived.  8. 1. Deem appointed the registered signed of the above named corporation, an itematis with end accept the obligations of section 667 2055 or 617 2050. F.S.  Signature of Registered Agent  Resilier Price Prior Registered Agent  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and requesting the reinstatement fee be waived.  1. Deem and	CONFORMION	Secretary of State	08 FEB 21 AM 11: 26	
2. Principal Office Address - No P.O. Box # 124 OF Substantial Sub			TALLAHASSEE, FLORIDA	
Suite, Apt. 8, etc.    24 to	ory perfect	cleaning, inc.		
1240    1240    1240      1240      33186	_			
MIAMI FL  MIAMI FL  STEP LINDS  33186  GOUNTY  33186  FL  COUNTY  33186  FL  COUNTY  33186  FL  COUNTY  33186  FL  COUNTY  To Remain Address of Current Registered Agent  Name  Name  Name  Name  Not Applicable  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.  Suste, Apt. F. Etc.  City  MIAMI  State  21p Code  FL  33186  8. 1. 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  REGISTERED XIGENT 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 Officer's add for Directors  Officer's add for Directors  City / State / Zip  U2 / ZI / U3 - U1 / ZI / U3 - U1 / ZI / U3 / U	12401	12401		
7. Name and Address of Current Registered Agent  Name  LIUR MICHALI  Street Address (P.O. Box Number is Not Acceptable)  12-11-01  Sure April Sure Address (P.O. Box Number is Not Acceptable)  12-11-01  City MIAMI  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 Michael Signature of Officer and/or Director Profitors and	MIAMI FL	MIAMI FL	37-1468707 Not Applicable	
Name L 1 0 R MIS HAL I  Street Address (P.O. Box Number is Not Acceptable) 12 4 01 Sur 124 TER  Suite, Apt. #, Rec. 12401  City M   Amil   FL   33186  8. 1, being appointed the registered agent of the above named corporation, am familiar with and sccept the obligations of section 607 0505 or 617 0503, F.S.  Signature of Registered Agent   Rec.   Mark of Officer and/or Director   Florida nonprofit corporations must list at least 3 directors)  9. Names and Street Addresses of Each Officer and/or Director   Street Addresses of Each Officer and/or Director   City / State / Zip    9. Names and Street Addresses of Each Officer and/or Director   Street Addresses of Each Officer and/or Director   City / State / Zip    9. Name of Officers and/or Director   Street Addresses of Each Officer and/or Director   City / State / Zip    10. Lord thy 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, the reason for dissolution has been eliminated, the corporate name salisties the requirements of section 607 0401 or 617 0401, F.S., that all fees owned by the opporation have been paid and the names of individuals issed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE: L 10 All SHALL L 10 All SHA	33186 FL	33186 FL	CERTIFICATE OF STATES DESIDED SUIT ACCIDENT FOR REQUIRES	
Signature of Registered Agent  Poster Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Officer and/or Director	Name     LIUR		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	
Name of Officers and/or Directors    Street Address of Each Officer and/or Director	Signature of Registered Agent			
Officers and/or Directors  Officer and/or Director  Officer and/or Director  Officer and/or Director  USA 15 HALI  12 401 SW 24 fot MIAMI-FL - 33186  12/21/08-01029-023 ***450.00  10/2/21/08-01029-023 ***450.00  10/2/21/08-01029-023 ***450.00  10/2/21/08-01029-023 ***450.00  In 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 over 40 by the corporation have been paid and the names of individuals issted 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 ceth.  SIGNATURE: L10 AISHALI (1889-1880)	9. Names and Street Addresses of Each Officer and/or	r Director (Florida nonprofit corporations must list at le	ast 3 directors)	
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:  L10  MISHALI  J-15-2008 - 305 - 7992007				
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pa/22

Lion mishali Dry Perfect. Cleaning Inc.

1-31-08

I moved from Plantation (Brown) to Miami ayears AGO. And I haven't vecived the payment to pay the Corporations so now ham sondings it for : 00, 07, 08

Thank you dor

my New ADDRESS 15 1240136 124 Terr MIAMI F1 33186