

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 29 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000078215

1. Corporation Name
GABRIEL CLEANERS, INC.

10760 CORAL WAY
SAME

2. Principal Office Address
10760 CORAL WAY

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33165

Country
USA

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida 07/17/2003

5. FEI Number
80-0095417

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
PABLO VELAZQUEZ

Street Address (P.O. Box Number is Not Acceptable)
10760 CORAL WAY

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33165

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 REGISTERED AGENT MUST SIGN

Date 10-25-04

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
P/D	PABLO VELAZQUEZ	10760 CORAL WAY	MIAMI, FL 33165

500042316555
10/28/04--01059--009 **750.00

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

Date 10-25-04 Daytime Phone #

CR2E061 (01/04)