

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000090110

1. Entity Name
SARAH FAMILY'S CLEANERS INC.



Principal Place of Business
1109 N. FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33304

Mailing Address
1109 N. FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33304

2. Principal Place of Business
402 E. Oakland Park
Suite, Apt. #, etc.

3. Mailing Address
1429 S.E. 2nd Avenue
Suite, Apt. #, etc.

City & State
Wilton Manors, FL
Zip 33334 Country USA

City & State
Fort Lauderdale, FL
Zip 33304 Country USA

04122005 REIN-P CR2E098 (6/04)

4. FEI Number 13-4296409 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEBROSSE, MARTINO
1109 N. FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
402 E. Oakland Park Blvd
City Wilton Manors FL Zip Code 33334

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Martino DeBrosse*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME DEBROSSE, PENINA
STREET ADDRESS 1429 N.E. 2ND AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33304 ☐ Delete

TITLE D
NAME DEBROSSE, MARTINO
STREET ADDRESS 1109 N. FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE, FL 33304 ☐ Delete

TITLE D
NAME DEBROSSE, SAMUEL
STREET ADDRESS 1429 N.E. 2ND AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martino DeBrosse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
05 APR 25 AM 7:56

6/14/04 SE 25 2004
6/14/04 TALLAHASSEE FLORIDA
90282 001 400

