2007 FOR PROFIT CORPORATION • REINSTATEMENT

S. Name and Address of Current Registered Agent S. Name and Address of Scurent Registered Agent 7. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 1. Name 1. N	1. Entity Nam	MENT # P03000099 SCOUNT DRY CLEANERS		07 (FILE, MAY-1 PM	12.01			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Qu252007 REIN-P CR2E098 (1/07) City & State Country Zip Country S. Cardicate of Status Desired S9.75 Address Zip Country Zip Country S. Cardicate of Status Desired S9.75 Address Zip Country Zip Country S. Cardicate of Status Desired S9.75 Address Zip Street Address of Country S. Cardicate of Status Desired S9.75 Address Zip Street Address of During the Not Acceptable) JOVANOVIC, DOUGLAS ESQ Street Address of During the Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Address of P.O. Box Number is Not Acceptable) JOVANOVIC COUNTRY Street Add	Principal Place of Business Mailing Address					TALL	AHASSEE	TATE	
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City & State City & State City & State City & State A. Fill Number Sec. 2397245 Sec. Applied for Sec. 2397245 Sec. Sec. 2397245	Principal Place of Business - No P.O. Box # 3. Mailing Address								
Signature Sign	· · · · · · · · · · · · · · · · · · ·		, i						
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 9. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. City 1. The above named entry submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Forida. I am familiar with, and accordance with a fine purpose of purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accordance with a fine purpose of purpose	City & State City & State							├	oplied For ot Applicable
Name Streat Address (P.O. Box Number is Not Acceptable) Title	Zip	Country Zip Count			ntry			□ \$8.75 Add	ditional
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistered Agent	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident to biligations of registered agent. SIGNATURE Signature, spead or printed name of registered agent. PLE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD GRADE, JEFFREY D GRADE, JEFFREY D SIRRET MORESS CITY-ST-2P TITLE NAME SIRRET MORESS CITY-ST-2P TITLE Delete TI	17 SE 24T	HÁV		Street Address (P.O. Box Number is Not Acceptable)					
The obligations of registered agent. SIGNATURE Signature, hose or printed agent and life if appicable. (NOTE, Registered Agent signature required when nativatating) DAT FILE NOW!!! FEE IS \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ITIE PD GRADE, JEFFREY D GRADE, J					City			FL Zip Cod	le
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the								
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