

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 24 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000123972

1. Corporation Name

SAMCO CLEANERS, INC

2. Principal Office Address

1650 SAN PABLO ROAD

Suite, Apt. #, etc.

Suite 1

City & State

JACKSONVILLE FL

Zip

32224

Country

3. Mailing Office Address

1650 SAN PABLO ROAD

Suite, Apt. #, etc.

Suite 1

City & State

JACKSONVILLE, FL

Zip

32224

Country

REINSTATEMENT

04

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/2003

5. FEI Number

73-1685268

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

SINAN S GORKIES

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

1650 SAN PABLO ROAD,

Suite, Apt. #, Etc.

Suite 1

City

JACKSONVILLE

State

FL

Zip Code

32224

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

*Sinan Gorkies*

Date 11.22.04

REGISTERED AGENT 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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SINAN S. GORKIES	1650 SAN PABLO RD, Suite 1	JACKSONVILLE FL 32224

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

11.22.04

Date

Daytime Phone #

CR2E081 (01/04)

**SAMCO CLEANERS, INC.**  
**1650 SAN PABLO ROAD, SUITE 1**  
**JACKSONVILLE, FLORIDA 32224-2083**

November 8, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs,


I never received your initial Annual Report Renewal notices. I was surprised to find out that my Company was dissolved. (P03000123972)

Per your request, attached please find my Annual Report Renewal for 2004 and the \$150.00 fee. Please reinstate my Company.

Please call me at 904-221-3663 if you have any questions.

Very truly yours,

Sinan Gorkies, President

A handwritten signature in cursive script that reads "Sinan Gorkies". The signature is written in dark ink and is positioned below the printed name and title.