

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -8 PM 2:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000153670

1. Corporation Name

MR CREASES DRY cleaning
SERVICES INC.

2. Principal Office Address

9870 SW 66 ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

33173

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/17/03

5. FEI Number

APPLIED FOR

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

MARTIN GONZALEZ

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

9870 SW 66 ST

Suite, Apt. #, Etc.

MIAMI, FL 33173

City

State

FL

Zip Code

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

Date

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
pres.	Martin Gonzalez	9870 SW 66 ST	MIAMI, FL 33173

900076397779
06/20/06--01064--017 **450.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

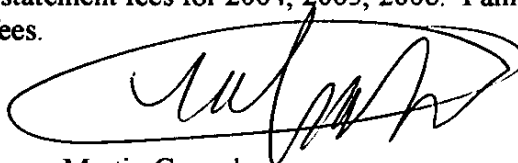
B. Mitchell JUN 13 2006

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

I did not receive any correspondence regarding renewal of my corporation. Therefore, would you please waive my reinstatement fees for 2004, 2005, 2006. I am enclosing \$450.00 for the yearly renewal fees.

Thank you.

A handwritten signature in dark ink, appearing to read 'Martin Gonzalez', is enclosed within a large, hand-drawn oval.

Martin Gonzalez
Document No. P03000153670
Mr. Creases Dry Cleaning Services