

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000026754

1. Corporation Name

USA Dry Cleaners of America Inc.

2. Principal Office Address - No P.O. Box #

2700 Immokalee Rd. Unit 25

Suite, Apt. #, etc.

25

City & State

Naples, FL

Zip

34110

Country

Collier

3. Mailing Office Address

2700 Immokalee Rd.

Suite, Apt. #, etc.

unit 25

City & State

Naples, FL

Zip

34110

Country

Collier

400172790804
03/22/10--01051--014 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

2/09/2004

5. FEI Number

050607777

☐ 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

Adnan Asad

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

19850 NW 9th Dr.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/12/10

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	Adnan Asad	19850 NW 9th Dr.	Pembroke Pines, FL 33029
VP	Asad, Habern	19850 NW 9th Dr.	Pembroke Pines, FL 33029
VP	Abed, M.J.	2700 Immokalee Rd.	Naples, FL 34110
REINSTATEMENT RH			

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Adnan Asad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/10

Date

Daytime Phone # 351-597-9116