

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 17 AM 11:50

DOCUMENT # P04000046250

1. Corporation Name

SOUTH BISCAYNE CLEANERS, INC

100180294381  
05/04/10--01055--016 \*\*150.00

CR2E081 (4/10)

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

100 BISCAYNE BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

City & State

MIAMI FL. 33131

City & State

Zip

33131

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/2004

5. FEI Number

54-2146633

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

PUIG MARY R

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

2847 SW 37CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33134

PROFIT CORPORATIONS ONLY

The \$600.00 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.

100180294381  
05/17/10--01060--022 \*\*150.00

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

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
PDS	PUIG, MARY R	2847 SW 37CT	MIAMI FL 33134

REINSTATEMENT 09-10

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:

Mary R Puig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/10

Date

(305)  
384-6981

Daytime Phone #