

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 19 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000139158</b> 1. Entity Name <b>H &amp; V DRY CLEANERS, INC.</b>					
Principal Place of Business <b>7054 S.W. 152ND COURT MIAMI, FL 33193</b>			Mailing Address <b>7054 S.W. 152ND COURT MIAMI, FL 33193</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		10072005 REIN-P CR2E098 (6/04)	
Zip		Country		4. FEI Number <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AGUILAR, HUBERTO E 7054 S.W. 152ND COURT MIAMI, FL 33193			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			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	DP <input type="checkbox"/> Delete				
NAME	AGUILAR, HUBERTO E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7054 S.W. 152ND COURT	NAME	300060777283		
CITY-ST-ZIP	MIAMI, FL 33193	STREET ADDRESS	10/19/05--01049--012 **150.00		
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete				
NAME	AGUILAR, VIVIAN M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7054 S.W. 152ND COURT	NAME			
CITY-ST-ZIP	MIAMI, FL 33193	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete				
NAME	AGUILAR, HUBERTO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7054 S.W. 152ND COURT	NAME			
CITY-ST-ZIP	MIAMI, FL 33193	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete				
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete				
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		HUBERTO E. AGUILAR 10/11/05		305)559-6157	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

10/25/05