## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000008001

Entity Name: MARY'S CLEANERS CORP.

FILED Dec 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

8107 SANCTUARY DR 7306 ASCOT CT

UNIT 1 UNIT 7

NAPLES, FL 34104 US NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

8107 SANCTUARY DR 7306 ASCOT CT UNIT 1 UNIT 7

NAPLES, FL 34104 US NAPLES, FL 34104 US

FEI Number: 72-1591996 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PIZO, MARY S MRS.

8107 SANCTUARY DR

UNIT 1

SPL INCOME TAX CORP
6006 RADIO RD
NAPLES, FL 34104 US

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.

SIGNATURE: FERNANDO ODE 12/15/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

NAPLES, FL 34104 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 PIZO, MARY S MRS
 Name:
 ALVAREZ, CARLOS A

 Address:
 8107 SANCTUARY DR UNIT 1
 Address:
 7306 ASCOT CT UNIT 7

 City-St-Zip:
 NAPLES, FL 34104 US
 City-St-Zip:
 NAPLES, FL 34104 US

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ALVAREZ, CARLOS A SR.
 Name:

 Address:
 8107 SANCTUARY DR UNIT 1
 Address:

 City-St-Zip:
 NAPLES, FL 34104 US
 City-St-Zip:

Title: M (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ALVAREZ, CAROLINA MS.
 Name:

 Address:
 8107 SANCTUARY DR UNIT 1
 Address:

 City-St-Zip:
 NAPLES, FL 34104 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS A ALVAREZ P 12/15/2009