

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000010440

**FILED**  
**Dec 21, 2007**  
**Secretary of State**

**Entity Name:** M & L DRYCLEANING AND TAILOR SHOP, INC.

**Current Principal Place of Business:**

4240 S.W. 64TH AVE.  
DAVIE, F 33314 US

**New Principal Place of Business:**

3708 SW 64TH AVE  
DAVIE, F 33314 US

**Current Mailing Address:**

3120 N.W. 68TH STREET  
FORT LAUDERDALE, F 33309 US

**New Mailing Address:**

**FEI Number:** 20-4177358      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MELEANCE, MICHEL  
3120 N.W. 68TH STREET  
FORT LAUDERDALE, FL 33309 US

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

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: MICHEL MELEANCE

\_\_\_\_\_  
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:**

Title: P/D ( ) Delete  
Name: MELEANCE, MICHEL  
Address: 3120 N.W. 68TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: ST ( ) Delete  
Name: MELEANCE, MICHEL  
Address: 3120 N.W. 68TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MICHEL MELEANCE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

12/21/2007

\_\_\_\_\_  
Date