## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000062476  1. Entity Name MYSTICAL CLEANERS INC					FILED 09 MAR 30 PM 2: 05		
Principal Place		Mailing Address					
5896 53RD AV Bradenton, I		6094 14TH ST W 172			SEURE I AR	OF STATE	E
		BRADENTON, FL 34207	1		SCAMPANIA INTERNITATIONE INTERNITATIONE	SEE, FLORID	) <u>A</u> 1600   1800
2. Principal Pla	ce of Business - No P.O. Box #	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·				
Suite, Apt. #, etc.			5895 S3 Ave 13		ENSITE	NT 128-	-/-
		<b>₩</b>		030920		:R2E098 <u>(1/07)</u>	<del>-7</del>
City & State	enton Cl	Braderon	Ø1	4. FEI N	umber Γ <b>APPLICABLE</b>	<del></del>	plied Fo
Zip	Country	Zig	Country	5. Certif	icate of Status Desired	\$8.75 Addi	
3900	5. Name and Address of Current I	Registered Agent	USA	7. Name	and Address of New Registe	Fee Required	1
				Name RUSSON T. Brown			
BROWN, RUSSELL J 6094 14TH ST W				Street Address (P.O. Box Number is Not Acceptable)			
172   BRADENTON, FL 34207				<u> </u>	53 AVE U	· · · · · · · · · · · · · · · · · · ·	
	,		City	) ^ 1 '	(C)	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 eigent.							
SIGNATURE SIGNATURE 3/9/09							
81	gnatule, lyped or printed name of registered agent a	ind (INGT) applicable, [NOTE:	Registered Agent signs	sture required when reins	ating) C	)ALC /	
FILE	NOW!!! FEE IS \$300.00				In accordance with s. corporation did not re	eceive the prior n	notice.
TITLE F	OFFICERS AND I	DIRECTORS Delete	11.	Pres	ONS/CHANGES TO OFFICERS	AND DIRECTORS Change	S IN 11
NAME E	BROWN, RUSSELL J	L Desire	NAME	Brown	RUSSEN J	Onsigo	Addition
1	6094 14TH ST WEST BRADENTON, FL 34207		STREET ADDRESS CITY-ST-ZIP	5895 5	53 Augit 30	1203	
TITLE	STORDENT ON, TE 04201	☐ Delete	TITLE	- Brucher	Aon TI	☐ Change	Addition
NAME			NAME			-	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	∂20	3 <b>0014797:</b> ′30/090104800	8588 04 **308.	70
CITY-ST-ZIP			CITY-ST-ZIP	ບວາ	20/ 03010400(	J4 **JUQ.	15
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME	dB	O/- Delete	TITLE NAME			Change	Addition
STREET ADDRESS	<i>P</i> 4.7	<i>3/3</i> )	STREET ADDRESS				
CITY-ST-ZIP		( - / _	CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	the that the information arranted with	this filling does not missife for a	CITY-ST-ZIP	ontained in Chant-	110 Florida Statuton I funda-	r cartify that the :	formetice
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail report is true and data 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 federiver 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 affactment with an address, with all other like empowered.							
SIGNATURE // (1000 - President 3/9/09 (941)739-29 18							
SIGNATURE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTO							