

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL -1 PM 12:48

DOCUMENT # P06000139133

1. Corporation Name

The Clothes Doctor of Dade City, Inc.

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

13915 U.S. Highway 98 Bypass

Suite, Apt. #, etc.

City & State

Dade City, Florida

Zip

33525

Country

USA

3. Mailing Office Address

13915 U.S. Highway 98 Bypass

Suite, Apt. #, etc.

City & State

Dade City, Florida

Zip

33525

Country

USA

500182818455
07/01/10--01036--028 **900.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/2006

5. FEI Number
20-5839653

☐ 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

Miguel Alejandro

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

13915 U.S. Highway 98 Bypass

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33525

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

Miguel Alejandro

REGISTERED AGENT MUST SIGN

Date 6/26/10

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
D	Miguel Alejandro	13915 U.S. Highway 98 Bypass	Dade City, Florida 33525
D	Hermalinda Alejandro	13915 U.S. Highway 98 Bypass	Dade City, Florida 33525
D	Maria Chavez	13915 U.S. Highway 98 Bypass	Dade City, Florida 33525

10. E-mail Address: OJITASB@aol.com

(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:

Miguel Alejandro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/10

Date

Daytime Phone #

7/2/10