

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000096254

1. Entity Name  
P L VILLAGE CLEANERS, INC



FILED

08 OCT 13 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
18121 NW 6TH PLACE  
MIAMI, FL 33169

Mailing Address  
18121 NW 6TH PLACE  
MIAMI, FL 33169

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4363989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERRE, LOUBERT  
18121 NW 6TH PLACE  
MIAMI, FL 33169

Name

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

City

FL

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

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
PIERRE, LOUBERT  
STREET ADDRESS  
18121 NW 6TH PLACE  
CITY- ST- ZIP  
MIAMI, FL 33169 ☐ Delete

TITLE  
NAME  
D  
ALFRED, PAULICIA  
STREET ADDRESS  
18121 NW 6TH PLACE  
CITY- ST- ZIP  
MIAMI, FL 33169 ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP  
  
☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP  
  
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TITLE  
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CITY- ST- ZIP  
  
☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP  
  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP  
800136872098  
10/13/08--01043--008 \*\*\$150.00 ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP  
400136872114  
10/13/08--01043--009 \*\*\$8.75 ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP  
  
☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP  
  
☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP  
  
☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP  
  
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 08

JC 10/14