

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000105825

1. Entity Name
THE RIGHT CLEANERS, INC.



Principal Place of Business
505 E LUMSDEN ROAD
BRANDON, FL 33511

Mailing Address
505 E LUMSDEN ROAD
BRANDON, FL 33511

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

10074 CREEK BLUFF DR

3. Mailing Address

P.O. Box 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

City & State

BALM, FL

Zip

33578

Country

USA

Zip

33503

Country

USA

4. FEI Number

35-2308573

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

RUIZ, LARRY E
505 E LUMSDEN ROAD
BRANDON, FL 33511

Name

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

10074 CREEK BLUFF DRIVE

City

RIVERVIEW

FL

Zip Code

33578

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
RUIZ, LARRY E
505 E LUMSDEN ROAD
BRANDON, FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
10074 CREEK BLUFF DRIVE
RIVERVIEW, FL 33578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RUIZ, RANDY
505 E LUMSDEN ROAD
BRANDON, FL 33511 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200138229502
11/24/08--01030--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ Delete

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:

LARRY E. RUIZ

LARRY RUIZ, PRES

11/19/08

813-404-2838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #