PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 NOV -4 AM II: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000090516

1. Corporation Name

PA EZE DRY CLEANER INC

9002140020639
11/04/11--01037--006 **900.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
15016 NE 6 AVE		
Suite, Apt #, etc	Suite, Apt. #, etc.	
City & State N MIAMI	City & State	
Zip 33161	Country USA	Zip

Country	

4. Date Incorporated or Qualified To Do Business in Florida **10/01/2008**

5. FEI Number
263485805
☐ 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 **FRANTZ AUGUSTE**

Street Address (P.O. Box Number is Not Acceptable)
15016 NE 6 AVE

Suite, Apt. #. Etc.

City N MIAMI	State FL	Zip Code 33161

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 _____
REGISTERED AGENT MUST SIGN
Date 11/2/2011

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
P	FRANTZ AUGUSTE	15016 NE 6 AVE	N MIAMI, FL 33161
	REINSTATEMENT 10-11	B 11/7/11	

10. **E-mail Address:** _____
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X _Frantz Auguste_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
11/2/2011
Date
(786) 355-0220
Daytime Phone #