

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 23 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****900.00 ****900.00

DOCUMENT # P92000004074

1. Corporation Name

107 Dry Cleaners, Inc.

2. Principal Office Address

13111 SW 26 Terrace

3. Mailing Office Address

13111 SW 26 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33175

Country

Zip

33175

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0381971

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

Bertha Rodas

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

13111 SW. 26 Terrace

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33175

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

Bertha M. Rodas, President & Treasurer

Date

May 5/02

REGISTERED AGENT MUST SIGN

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
DPT	Bertha M. Rodas	13111 SW. 26 Terrace	Miami, FL. 33175
DVS	Elizabeth Resantez	16622 SW. 90 STREET	Miami, FL. 33196

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Bertha M. Rodas, Pres. & Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/02

Daytime Phone #

305
358-3586
x 4423

CR2E081 (9/01)

REINSTATEMENT 01-02