

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

99 MAY 27 AM 11:04

SECTION 607.0401, F.S.  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93 000005065**

1. Corporation Name

**HIGH SOCIETY CLEANERS, INCORPORATED**

Principal Place of Business

Mailing Address

**2167 PINWOODS CR  
NAPLES, FL 34105**

**SAME**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

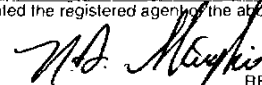
**REINSTATEMENT 98-99**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/15/93	
City & State		City & State		5. FEI Number	
Zip		Country		65-0385916	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	NICHOLAS A. SHIRGHIO	2167 PINWOODS CR NAPLES, FL 34105	NAPLES, FL 34105
D	PAULA M. SHIRGHIO	2167 PINWOODS CR	NAPLES, FL 34105

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-06/02/99--01059--006  
\*\*\*908.75 \*\*\*908.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>NICHOLAS A. SHIRGHIO 2167 PINWOODS CR. NAPLES, FL 34105</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		<b>FL</b>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.	
Signature of Registered Agent	Date
	5-25-99
REGISTERED AGENT MUST SIGN	

11. This corporation owes the current year Intangible Personal Property Tax due June 30.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(See other side for information on intangible tax.)
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12. 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:		Date	5-25-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2001 (12/98)