PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED Sandra B. Mortham FOR Secretary of State 97 JAN -2 AM 9: 14 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P93000021785 1. Corporation Name A.N.F. DRY CLEANERS INC. Principal Place of Business Mailing Address 10670 WILES RD 10870 WILES RD CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 ATEMENT OID If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/24/1993 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied Far 65-0394252 City & State City & State Not Applicable S8.75 Additional Fee required Źip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) CORAL SPRINGS FL 33065 PD PIMENTEL, FELIX A 11152 W SAMPLE RD #52 600002047346--9 -01/07/97--01061--020 \*\*\*\*\*375.00 \*\*\*\*375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PIMENTEL, FELIX A Street Address (P.O. Box Number is Not Acceptable) 11152 W SAMPLE RD Suite, Apt. #, Etc. CORAL SPRINGS FL 33065 Zip Code FI 10. I, being appointed the registered nt of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered 7 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes 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 filling 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 may signature shall have the same legal effect as it made under oath.

SIGNATURE: