APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P93000066848

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
F + S DELUXE CLEANERS, INC.

REINSTATEMENT 99-00

Principal Place of Business
13027 N.W 7th Ave
Miami, FL 33168

Mailing Address

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 9/22/93

5. FEI Number 65-0440061 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CHAIRMAN + PRESIDENT	FRANK VANTUYL, JR.	12000 S.W. 41st Drive	Miami, FL 33175
VICE-PRESIDENT	FRANK VANTUYL, SR.	12275 N.E. 6th Avenue	Miami, FL 33161
SECRETARY + TREASURER	SONIA VANTUYL	20225 N.E. 12th Ave. Miami	FL 33179

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8. Name and Address of Current Registered Agent

Thomasina Whitaker
18800 N.W. 2nd Avenue 221
Miami FL 33169

9. Name and Address of New Registered Agent

Name: Complete Tax System Inc.
Street Address (P.O. Box Number is Not Acceptable): 18800 NW 2 Avenue
Suite, Apt. #, Etc.: 221
City: Miami | State: FL | Zip Code: 33169

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: Thomasina Whitaker — REGISTERED AGENT MUST SIGN

Date: 7/24/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

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: Sonia E. VanTuyl, Secretary Treasure — 7-24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE

TOTAL P.01