

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 25 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002974

1. Corporation Name

J+B CLEANERS INC.

2. Principal Office Address

515 NW 115th WAY

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FLA.

Zip

33071

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. 772212

City & State

CORAL SPRINGS FLA.

Zip

33077-2212

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/9/93

5. FEI Number

65-0460372

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

JOSEPH L. MAZZARA

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

515 NW 115th WAY

Suite, Apt. #, Etc.

City

CORAL SPRINGS FL.

State
FL

Zip Code

33071

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

Joseph R. Mazzara

REGISTERED AGENT MUST SIGN

Date

2/20/03

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
Pres	JOSEPH L. MAZZARA	515 NW 115 th WAY	CORAL SPRINGS FL. 33071

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)(f), 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:

Joseph R. Mazzara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 (954) 255-6884

Date

Daytime Phone #

CR2E081 (9/01)

2/20/03

To Fla. Dept of State.

I did not receive my 2001 report, and
I am asking that any penalties ~~(if)~~ or late fees
be waived. Enclosed is \$458.75, please send
me a certificate of status.

Thank you

Joseph S. Maggion
J. S. Cleaners Inc.