PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
CORPORATION BEINSTATEMENT	(2.5 Mr. 1.4.20)		00 FEB 25 AM 7:53		
an-00 4		CORPORATIONS.			
DOCUMENT # P9400007,2064,			SE	CRETARY OF STATE LAHASSEE, FLORIE	<u> </u>
1. Corporation Name	* ·		3.7	Cattle 17 housesterness	<i>,</i> .
SCOT MICH	##/ ASSOC	CHATES TAK			
2. Principal Office Address - 4180-9-306 Ri)	3. Mailing Office Addre		1		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4 Data Incomprater		
City & State	City & State		4. Date Incorporated To Do Business in	or Qualified Telorida 11-18-9	
MKE WOOTH FIA	<u> </u>		5. FEI Number 65-652	26165	Applied For Not Applicable
Zip 33467 W.P.B	Zip .	Country	6. CERTIFICATE OF ST	S8.75 A	Additional Fee required Certificate of Status
	7. Name and /	Address of Current Register	ered Agent		Continue
Name JEFFREY COHEN					
Street Address (P.O. Box Number is N		<u> </u>		M/M	1
Suite, Apt. #, Etc.	7 7 7 7 7				
City hake Wo	QT14		State FL	e Zin Code	
8. I, being appointed the registered agent of the abo	ve named corporation, am f	familiar with and accept the o	obligations of section 607.		
Signature of Registered Agent RE	CEGISTERED AGENT MUST	T SłGN	Da	2-23-21 re	000
9. Names and Street Addresses of Each Officer and	1/or Director (Florida nonpro				
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / 2	Zip
PALS JEFFREY- COHET	PALS JERALLY COHER - 9279 WHIT SERE				FIA 33496
V.P. STANLEY Coffee	1851	10 Screens Pos	WE HE 1	Bura Rotor /	74 33496
States. RHOA COHEN	1857	O SERMA PUM	ato home k	BOALATOR F	7A 35496
		, -		0031684	r.q1
				-03/14/00010	
				**************************************	444010100
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 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 my signature shall have the same legal effect as if made under oath.					
SIGNATURE: SIGNATURE OF PRI	INTED NAME OF SIGNING OFF	JEHRLY I	Collen Date	2-03-2000 Daytime I	642-5023 Phone #

CR2E081 (9/99)

Scot-Michael Associates, Inc. (D.B.A. Cost Less Cleaners) 4180-9 Jog Road Lake Worth, FL 33467 (561) 642-5023

Florida Department Of State Division of Corporation - P.O. Box 6327 Tallahassee, Fl 32314

February 3, 2000

To whom it may concern;

Enclosed please find corporation reinstatement form for years 1997, 1998, 1999, & 2000.

In the year 1997 forms were sent to us, but returned by postal service for a incorrect-address. This-is-the-reason-why-forms-have-not-been filed in the previous years. Enclosed find a check for \$615.00 covering the above years. For further information please contact Stacey regarding this letter. (We spoke on February 3, 2000).

Sincerely,

Jeffrey S. Cohen