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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 10 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95 00000613

1. Corporation Name

Atlantic Cleaners, Inc.

2. Principal Office Address

1541 SE 12 ave

Suite, Apt. #, etc.

8

City & State

Homestead, Florida

Zip

33034

Country

USA

3. Mailing Office Address

1541 SE 12 ave

Suite, Apt. #, etc.

8

City & State

Homestead, Florida

Zip

33034

Country

USA

500014090645
03/14/03--01058--006 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

1-5-1995

5. FEI Number

65-0543811

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

Martinez, Eduardo

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

15560 SW 295 Terrace

Suite, Apt. #, Etc.

City

Homestead

State
FL

Zip Code

33033

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/6/03

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
P/D	Martinez, Eduardo	15560 SW 295 Terrace	Homestead, FL 33033
VP/S	Martinez, Mayra	15560 SW 295 Terrace	Homestead, FL 33033
		01-03 UBR	TR

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)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03
Date

(305) 247-2006
Daytime Phone #

CR2E081 (10/02)

PA9c2ur

Miami, Florida
March 6, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P95000001013
ATLANTIC CLEANERS INC.
1541 SE 12 AVENUE #8
HOMESTEAD, FL 33034

To Whom It May Concern:

Upon our conversation I'm enclosing the Corporation Reinstatement form due to the fact that I have not received any previous notices.

As per your request I'm enclosing the report with the \$450.00 fee that includes 2001, 2002 and 2003 fees, and requesting to your office waive the penalties incurred in this situation.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,



EDUARDO MARTINEZ
PRESIDENT