


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 FEB 22 PM 2:06
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000037777**

1. Corporation Name
RICHARD FAMILY Cleaners Inc

REINSTATEMENT **04-06**

2. Principal Office Address 12385 NE 6th Ave Suite, Apt. #, etc.		3. Mailing Office Address 12385 NE 6th Ave Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33161	Country U.S.A	Zip 33161	Country U.S.A

T. Roberts **FEB 27 2008**
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 5/11/1995	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 65-0584150		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent	
Name RICHARD SEULDIEU	800067026928
Street Address (P.O. Box Number is Not Acceptable) 12385 NE 6th AVENUE	
Suite, Apt. #, Etc.	
City Miami FL	Zip Code 33161

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 **See below** Date _____

REGISTERED AGENT MUST SIGN

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
PD	RICHARD SEULDIEU	12385 NE 6 Ave	Miami, FL 33161
TD	RICHARD, MARIA INNA	12385 NE 6 Ave	Miami, FL 33161

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 contained in Chapter 119, 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: **Richard Seuldieu** Date **1-11-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #