

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000052805

1. Corporation Name

COVE CLEANERS, INC.

Principal Place of Business

1400 FRUITVILLE ROAD
SARASOTA FL 34236

Mailing Address

1400 FRUITVILLE ROAD
SARASOTA FL 34236

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1995

5. FEI Number

65-0598337

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BORING, STEELE D	8037 MIDNIGHT PASS ROAD	SARASOTA FL 34242
D	DOYLE, ROBERT A LEGAL NAME CHANGE SEE ATT COURT DOCUMENT	4953 COMMONWEALTH DRIVE	SARASOTA FL 34242
D	ANDREWS, ROBERT M.	1400 FRUITVILLE RD SARASOTA	SARASOTA, FL 34236
			000004687670--2 -11/19/01--01066--021 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

ANDREWS, ROBERT M
1400 FRUITVILLE ROAD
SARASOTA FL 34236

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012



Quality Dry Cleaning

Florida Dept of State
Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Robin,

As per our telephone conversation, I am requesting that this annual renewal be excepted as the original. The original was sent on April 30th 2001 the check number is 1178 for \$150.00. This check has not cleared the bank. I had my named legally changed from Robert A. Dowie to Robert M. Andrews I see that my attorney changed the registered agent to my new name but did not change my name in the Director box, enclosed is a legal copy of my name change with a raised seal.

Thank You for your help
Robert M. Andrews