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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -2 AM 10:16

DOCUMENT # P96000012225

1. Corporation Name

UNIFORM LIQUIDATORS INC.

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address 3851 W OAKLAND PARK BLVD		3. Mailing Office Address 3851 W OAKLAND PARK BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAUDERDALE LAKES, FLORIDA		City & State LAUDERDALE LAKES, FLORIDA	
Zip 33311	Country USA	Zip 33311	Country USA

4. Date Incorporated or Qualified To Do Business in Florida		02/08/1996	
5. FEI Number 65-0652264		Applied For Not Applicable	
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 STEWART HOLZKENNER		
Street Address (P.O. Box Number is Not Acceptable) 3851 W OAKLAND PARK BLVD		
Suite, Apt. #, Etc.		
City LAUDERDALE LAKES	State FL	Zip Code 33311

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

Stewart Holzkenner

REGISTERED AGENT MUST SIGN

Date 09/28/2006

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
PRESIDENT	STEWART HOLZKENNER	1618 NW 34TH TERRACE	LAUDERHILL, FL 33311

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:

Stewart Holzkenner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/28/06

Date

(954)792-6940

Daytime Phone #

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UNIFORM LIQUIDATORS INC.

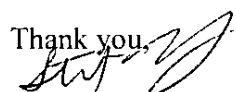
3851 WEST OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33311

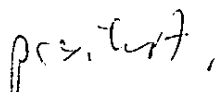
9/28/06

To Whom It May Concern:

I did not receive the annual report notice in the year of dissolution.
I am attaching a check for \$300 with a filled corporation reinstatement form.

Thank you,


Stewart Holzkenner


President