

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052019

1. Corporation Name

Kings Cleaners of Jacksonville, Inc.

300022726463  
09/03/03--01025--002 \*\*750.00

2. Principal Office Address

8101-1 Old Kings Road, S.

Suite, Apt. #, etc.

3. Mailing Office Address

8101-1 Old Kings Road, S.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32217

Country

USA

City & State

Jacksonville, FL

Zip

32217

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

6-17-1996

5. FEI Number

59-3394035

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

Peper, Richard C., Jr.

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

3020 Hartley Road

Suite, Apt. #, Etc.

350

City

Jacksonville

State

FL

Zip Code

32257

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

REGISTERED AGENT MUST SIGN

Date 5-9-03

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
Owner	Soueng Chung	8927 Blaine Meadows Drive	Jacksonville/FL/32257

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-03

Date

(904) 739-3498

Daytime Phone #

CR2E081 (10/02)