PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS | FILED 01 NOV 16 PM 2:09 SECRETARY OF STATE TALLAHASSEE FLORIDA |

DOCUMENT # **P97000003311**

1. Corporation Name

CLASSIC CLEANERS, INC.

Principal Place of Business	Mailing Address
14775 SO. DIXIE HIGHWAY MIAMI FL 33176	14775 SO. DIXIE HIGHWAY MIAMI FL 33176

REINSTATEMENT

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	4. Date Incorporated or Qualified To Do Business in Florida **01/13/1997**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0737850 — Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status
Zip / Country	Zip / Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PORBANDERWALA, MINAZ	14775 SO. DIXIE HIGHWAY	MIAMI FL 33176
S	HOODA, AMIR	14775 SO. DIXIE HIGHWAY	MIAMI FL 33176
VP	ALLADIN, AMIN	14775 SO. DIXIE HIGHWAY	MIAMI FL 33176
			900004719909--7 -12/12/01--01012--003 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PORBANDERWALA, MINAZ 5840 SO. DIXIE HIGHWAY MIAMI FL 33143	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 11/1/01

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 11/1/01   Daytime Phone # 305/661-5831

CR2E040 (8/01)