APPLICATION FOR CORP. ANNUAL REPORT FOR 1998

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1998 8:00am
Secretary of State

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1 Name and Mailing Address of Corporation: DOCUMENT # P97000103835

KIM'S CLEANERS, INC.
~~4880 N. PINE ISLAND RD.~~
PLANTATION, FL 33322

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: 1890 N. PINE ISLAND RD.
Address:
City and State:
Zip Code:

3 Date Incorporated or Qualified To Do Business in Florida: 12/10/1997

4. FEI Number: 65-0798879 ☐ FEI Number Applied For ☐ FEI Number Not Applicable

5 Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/P	KIM, WOOUNG B.	22309 SW 66TH AVE #2502	BOCA RATON,FL 33428
D/S	KIM, SU KYUNG	22309 SW 66TH AVE #2502	BOCA RATON,FL 33428

LS
515

700002528797
-05/19/98--01038--043
***150.00

This corporation has liability for intangible tax under section 199.032, Florida Statutes. [x] Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6 Name and Address of Current Registered Agent

KIM, WOOUNG B.
1890 N. PINE ILAND RD.
PLANTATION, FL 33322

7. Name and Address of New Registered Agent

Name:
Street Address (Do NOT Use P.O. Box Number):
Street Address (Do NOT Use P.O. Box Number):
City and State: FL.
Zip Code:

8 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: [signature] Date: 4-24-98

REGISTERED AGENT MUST SIGN

9 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: 4-24-98 Phone # (954) 382-4553

Typed or printed name of signing officer or director:

10 Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additio