


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 MAR 13 AM 10:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <u>P98000054076</u>			
1. Corporation Name <u>Mirror Cleaners of Tallahassee inc</u>			
2. Principal Office Address - No P.O. Box # <u>471 John Knox Rd Tall FL</u>		3. Mailing Office Address <u>471 John Knox Rd</u>	
Suite, Apt. #, etc. <u> </u>		Suite, Apt. #, etc. <u> </u>	
City & State <u>Tallahassee FL</u>		City & State <u>Tallahassee FL</u>	
Zip <u>32308</u>	Country <u>Leon</u>	Zip <u>32303</u>	Country <u>Leon</u>
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida	
Name <u>Walter A Smallwood</u>		5. FEI Number <u>59-3522387</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>326 Star Mount Dr</u>		<input type="checkbox"/> Applied For	
Suite, Apt. #, Etc. <u> </u>		<input type="checkbox"/> Not Applicable	
City <u>Tallahassee FL</u>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
State <u>FL</u>		Zip Code <u>32303</u>	
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 <u>Walter A Smallwood</u>		Date <u>3-12-07</u>	
REGISTERED AGENT MUST SIGN			
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
<u>Pres.</u>	<u>Walter A Smallwood</u>	<u>326 Star Mount Dr</u>	<u>Tall FL 32308</u>
			000093742990 03/19/07--01051--001 **600.00
			K. Eckel MAR 13 2007
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: <u>Walter A Smallwood</u>		Date <u>3-13-07</u>	Daytime Phone # <u>850-359-4875</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			