


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 15 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059043

1. Corporation Name **Rocal cleaners, inc**
17940 N. Military Tr
STE 100
Boca Raton, FL 33496

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/98

5. FEI Number:

65-0857714

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

SAL CATALDO

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

5995 BUENA VISTA CT

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

600003146305-4
-02/24/00--01058-012
***300.00 ***300.00

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 **x**

SAL CATALDO
REGISTERED AGENT MUST SIGN

Date **2-8-00**

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
PR	SAL CATALDO	5995 BUENA VISTA CT	Boca Raton, FL 33433
V-P	AL ROTH	1054 LAKEMORE BLVD	Boca Raton, FL 33434

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:

Albert Roth - ALBERT ROTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/00

Date

561-999-0043

Daytime Phone #

CR2E081 (9/99)



feb. 8, 2000

ROCAL CLEANERS INC.
17940 N.Military Tr.
STE 100
Boca Raton, Fl. 33496

To: Division Of Corporations
PO Box 6327
Tallahassee, Fl. 32314

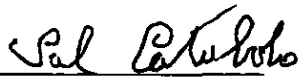
Re: Reinstatement Request
for P98000059043

To Whom It May Concern:

As per telephone instruction today, I am writing to request a reinstatement of the above corporation due to the fact that your records indicated an incorrect address and we were not aware of the filing requirement due to non receipt of 1999 form.

We are also requesting a one time waiver of penalty and assure you that this will not reoccur at any future time.

Very truly yours,


Rocal Cleaners Inc.
By President
Sal Cataldo