		PLEASE READ	ALL INSTF	RUCTIC	NS BĘFORE	COMPLE	ETING THIS FORM.	/ / /
	RPORATI ISTATEM	7	Ka Se	atherine ecretary o		02	FILED MAY 16 PM 12: 55	
DOCUMENT # P98000070144						SE TAI	CRETARY OF STA	
,	SAVE	ON CL	EANERS	, II	vc.			
						REFR	STATEMENTO	~
2. Princip	al Office Addre	ss	3. Mailing Office	ce Address				()2
297 Suite, Apt.		ENTURA BL	Suite, Apt. #, etc	76 A	VENTURA			
City & Stat			City & State		***		corporated or Qualified Business in Florida 8 /1/ / 1998	,
		n =/4	,	~ ~ ~	<i>L</i> , <i>a</i> .	5. FEI Nur	7-ppinod (di	
Zip	200 410	A FLA .	Zip	C	country	6.	0867454 Not Applica	
33	180	USA	3318	0	USA		ATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of State	iired is
			7. Nan	ne and Addi	ess of Current Regis	itered Agent		
	Name	CARDAR	ATION	CE	Olive E	Cana		
	Street Addr	CORPOR ess (P.O. Box Number is I					<i>'</i>	
	Suite, Apt.	1201	HAY	<u>. </u>	STREET	<u>.</u>		
			_			_		
	City	TALLAHASS	60		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State Zip Code FL 32341 - 2525	
8. I. being				on am famil	iar with and accept the	obligations of so	FL 3230) - 2525 ction 607.0505 or 617.0503, F.S.	e ê
Signature o Registered	1 /	gnthia	1 4.	b,asi	Esaguet		Date	CR2E081 (9/01
9. Names	and Street Add	dresses of Each Officer an	d/or Director (Florida	a nonprofit co	orporations must list a	least 3 directors)		-
Titles		Name of Officers and/or Directors			Street Address of Ea	ach	City / State / Zip	_
· · · · ·					h			_
PSD	MIRA	ZDA, ROI	DOLFO	2976	AVENTUR.	9 BLVG	AVENTURA FL. 3318	o
VD	RUB	10, OSVA	200 8	2976	AVENTUR	A BUU	AVENTURA, FL. 33180	
		***************************************			***		300005555395	;- -4
	71134					-	1	-
								1
							ATIP	
owed b on this	nstatement app y the corporation application is tr	ilcation, the reason for diss	olution bus been blir names of individuals	ninated, the ilisted on thi	corporate name satisfi s form do not qualify fo	es the requirement or an exemption ur der oath.	napter 607 or 617, F.S. I further certify that when filing its of section 607.0401 or 617.0401, F.S., that all fees inder section 119.07(3)(i), F.S. The information indicated (305) 754-4551	
SIGNAT		NATURE AND TYPED OR PR	INTED NAME OF SIGN	ING OFFICER	OR DIRECTOR		Date Daytime Phone #	

OSVALUO RUBIO, VP.

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 583068

AUTHORIZATION :

COST LIMIT : \$ 900.00

ORDER DATE: May 16, 2002

ORDER TIME: 11:22 AM

ORDER NO. : 583068-005

CUSTOMER NO: 8942A

CUSTOMER: Michael S. Steiner, Esq

Michael S. Steiner, Esq

290 N.e. 68 Street

Miami, FL 33138

DOMESTIC FILINGS

NAME: SAVE ON CLEANERS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS _____