

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # **P98000075927**

1. Corporation Name

**CLASSIC CLEANERS OF PELICAN LANDING, INC.**

Principal Place of Business

**24600 S. TAMiami TR..STE.104  
BONITA SPRINGS FL 34134**

Mailing Address

**24600 S. TAMiami TR..STE.104  
BONITA SPRINGS FL 34134**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/28/1998**

5. FEI Number

**59-3528578**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>D/P/S</b>	<b>GUTIERREZ, WILLIAM JR.</b>	<b>22068 SEASHORE CIRCLE</b>	<b>ESTERO FL 33928</b>

8. Name and Address of Current Registered Agent

**GUTIERREZ, WILLIAM JR  
22068 SEASHORE CIRCLE  
ESTERO FL 33928**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10/29/02**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/29/02**

Daytime Phone #

**239-770-0971**

CR2E040 (8/02)

# **Classic Cleaners of Pelican Landing, Inc.**

Classic Cleaners of Pelican  
Landing, Inc.

18911-12 S. Tamiami Tr.  
Ft. Myers, Fl  
33908

Phone: 941-267-8898

FAX: 941-498-6877

email: cleanbillg@aol.com

Tuesday, October 29, 2002

DEPT OF STATE  
DIVISION OF CORP.  
P.O BOX 6327  
TALLAHASSEE, FL 32314

DEAR SIR,

I AM WRITING TO INFORM YOU THAT I KNOW I FILED RENEWAL FORM  
IN A TIMELY MANNER, BUT WAS NOT ABLE TO FIND RECEIPT OF CLEARED  
CHECK. I FEEL THAT I MIGHT HAVE FILED AND FORGOT TO INCLUDE A CHECK  
AND WAS NOT RENEWED. PLEASE ACCEPT CHECK FOR \$150 FOR RENEWAL  
FEE AND I ASK THAT LATE FEES BE WAVED BECAUSE THIS WAS NOT  
INTENTIONAL BUT A OVERSITE ON MY PART. I THANK YOU FOR YOUR  
CONSIDERATION TO MY REQUEST.

WILLIAM GUTIERREZ  
president