

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JUN 10 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078240

1. Corporation Name

SARILYN CLEANERS, INC.

Principal Place of Business

Mailing Address

13251 MCGREGOR BLVD
FORT MYERS FL 33919
US

1004 EL RIO AVENUE
FORT MYERS FL 33919



REINSTATEMENT 01-03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0865646

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	CASH, SUE	1004 EL RIO AVENUE	FORT MYERS FL 33919
VD	PASTORELLI, STEPHAN	1126 KAREN OAKS DR	MACOMB IL 61455

200020756852
06/10/03--01046--017 **1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASH, SUE
1004 EL RIO AVE
FORT MYERS FL 33919

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.

Signature of
Registered Agent

Sue Cash - Walker
REGISTERED AGENT MUST SIGN

Date

6/3/03

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:

Sue Cash - Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/3/03 239-489-420

CR2E040 (8/01)