PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P9900005 7825  SECRETARY OF STATE TALLAHASSEF, FLORIDA	
1. Corporation Name	
PARK AVENUE CLEANERS, INC. 9516 SOUTHERN BELLE DRIVE WEEKI WACHEE, FL. 34613	. <u> </u>
2. Principal Office Address  76.72-5 TAMIAMITR. 5327. 1414 ST. West.  Suite, Apt. #, etc.  2. Principal Office Address  72/23/05 0/086 005 1805  12/23/05 0/086 005 1805  12/23/05 0/086 005 1805	50.7
4. Date Incorporated or Qualified To Do Business in Florida 6/34/199  City & State  City & State  5. FEI Number  Applied For	
SARASOFA FL.  BRADENTON. FL  S. FEI Number  4Applied For  Not Applied For  Not Applied For  Not Applied For  STANASOFA  S. FEI Number  6.5 - 10 1 2 0 37  Not Applied For  STANASOFA  STANASOFA  SARASOFA  S	
7. Name and Address of Current Registered Agent	
Name DONALD H. HECKMAN  Street Address (P.O. Box Number is Not Acceptable)  5227 14 M STREET West  Suite, Apt. #, Etc.  City BRADENTON  State Zip Code  FL 34207	
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	CR2E081 (01/04)
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	ı
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	
D.P. T GOLDSMITH, JACQUELINE 9516 SOUTHERN BELLE DRIVE WEEKI WACHEE FL. 34613	
PERSONAL STATE OF OUT	
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 filling 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Day  Day  Day  Day  Day  Day  Day  Da	

## **QUALITY ACCOUNTING & TAX SERVICE**

5227 14TH ST. WEST • BRADENTON, FL 34207 TELE: (941) 756-1146 • FAX: (941) 727-0300 EMAIL: JTAX5215@AOL.COM



April 27, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: Reinstatement of Park Avenue Cleaners, Inc. (File # P99000057825)

## Gentlemen:

Enclosed please find a completed Corporation Reinstatement form along with our check in the amount of \$600.00 representing the required fees. In a telephone conversation with you office yesterday, April 26, 2004 we were told that this would be the fee required to reinstate this corporation.

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In reviewing our client's corporate status online it appears that there are a couple of annual reports that were not filed. In discussing this matter with our client we discovered that the taxpayer was in and out of the hospital over the last two years and apparently did not receive any of the annual reports for filing. We have corrected the mailing address to reflect that of the registered agent and request that your office accept this form and payment and will reinstate this corporation.

If your office requires further information please feel free to contact the undersigned at (941) 756-1146.

Sincerely,

Donald H . Heckman - President

Donald H. Heckman

D&K Quality Accounting & Tax Services, Inc.

CC: Jacqueline Goldsmith

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