


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000070340 1. Entity Name JULINGTON CLEANERS, INC.						FILED 07 OCT 16 AM 8:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12665 SAN JOSE BLVD JACKSONVILLE, FL 32223				Mailing Address 12665 SAN JOSE BLVD JACKSONVILLE, FL 32223			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CHUNG, SOON S 7221 CRESCENT OAK CT JACKSONVILLE, FL 32277				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 59-3590410			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
FILE NOW!!! FEB 18 \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHUNG, SOON S 7221 CRESCENT OAK CT JACKSONVILLE, FL 32277			TITLE NAME STREET ADDRESS CITY-ST-ZIP	0001 10862200 10/16/07 01054 000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CHUNG, GUN H 7221 CRESCENT OAKS DR. JACKSONVILLE, FL 32277			TITLE NAME STREET ADDRESS CITY-ST-ZIP	0001 10862200 10/16/07 01054 000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Soon S. Chung</i> 10-11-07 (904) 880-1131							