

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

01 JUN 26 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P99000101931

1. Corporation Name  
*Florida Shirt-tails Dry-cleaning, Inc.*

2. Principal Office Address <i>3837 Micosukee Rd</i>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tallahassee, fl</i>		City & State	
Zip <i>32308</i>	Country <i>USA</i>	Zip	Country <i>USA</i>

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified To Do Business in Florida <i>11-22-1999</i>	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <input type="checkbox"/> 75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name <i>Mary E. Yant</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>3837 Micosukee Rd</i>	
Suite, Apt. #, Etc.	
City <i>Tall</i>	State <b>FL</b>
Zip Code <i>32308</i>	

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 *Mary E. Yant* Date *6-26-01*  
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Yant, Mary E	3837 Micosukee Rd.	Tallahassee FL 32308
CEOD	Booker, Claude S.R.	2600 Micosukee Rd.	Tallahassee, fl 32308

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 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: *Mary E. Yant - Mary E. Yant* Date *6-25-01* Daytime Phone # *878-6736*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)