

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:26

DOCUMENT # S90555

1. Corporation Name

ARISTOCRAT CLEANERS, INC.

Principal Place of Business

Mailing Address

6745 PEMBROKE ROAD
PEMBROKE PINES FL 33023

6745 PEMBROKE ROAD
PEMBROKE PINES FL 33023

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

10/29/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0294816

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SINGER, VMENNE	20355 NE 34TH CT	AVENTURA FL
ST	SINGER, VMENNE	20355 NE 34TH CT	AVENTURA FL

200004678822--8
-11/14/01--01066--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINGER, VMENNE
20355 NE 34TH COURTE
PENTHOUSE 2721
AVENTURA FL 33180

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

SIGNATURE OF REGISTERED AGENT
Walter Harris

Date

10/17/01

REGISTERED AGENT MUST SIGN

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 OF OFFICER OR DIRECTOR
Walter Harris

Date

305-933-2153

Daytime Phone #

CR2E040 (8/01)



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3745 Pembroke Road • Pembroke Pines, Florida 33023 • (954) 983-5210 • Fax (954) 983-0710

Oct 17, 2001

Division of Corporations
Annual Report Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

On reference to enclosed documents. I did not receive
renewal notice this year, so please accept this check that I
was told to send.

I am still in business and need the corporate status.

Thanking you in advance, I remain,

Sincerely

A handwritten signature in cursive script that reads "Vivienne Singer".

Vivienne Singer