

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED AND FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000092982**

1. Corporation Name  
**NEIGHBORHOOD DRY CLEANERS & SUPPLY, INC.**

Principal Place of Business <b>700-5 BLANDING BLVD ORANGE PARK FL 32065</b>	Mailing Address <b>700-5 BLANDING BLVD ORANGE PARK FL 32065</b>
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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	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

REINSTATEMENT 9600

4. Date Incorporated or Qualified To Do Business in Florida	<b>12/08/1985</b>
5. FEI Number	<b>65-0640935</b>
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	<b>QURESHI, KHAWAR S</b>	<b>700-5 BLANDING BLVD</b>	<b>ORANGE PARK FL 32065</b>
D	<b>QURESHI, FARAH M</b>	<b>700-5 BLANDING BLVD</b>	<b>ORANGE PARK FL 32065</b>

100001999821--7  
11/08/96--01019--012  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>QURESHI, KHAWAR S 700-5 BLANDING BLVD ORANGE PARK FL 32065</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		<b>FL</b>	

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]* **REGISTERED AGENT MUST SIGN** Date: **10/31/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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]* **REGISTERED** Date: **10/31/96** Daytime Phone # **(904) 272-5884**