


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

05/11/06 09:57

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000113092
1. Corporation Name
Ocoee Laundry Palace, Inc.

2. Principal Office Address 11137 W. Colonial Dr. Suite, Apt. #, etc.		3. Mailing Office Address 7669 Sundial Lane Suite, Apt. #, etc.	
City & State Ocoee, FL Zip 34761 Country Orange		City & State Orlando, FL Zip 32819 Country Orange	

REINSTATEMENT
CR2E081 (12/05) 05-06

4. Date Incorporated or Qualified To Do Business in Florida	10/13/03
5. FEI Number	20-0305275
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name	David Fong, CPA	600081961886
Street Address (P.O. Box Number is Not Acceptable)	105 E. State Road 434	11/26/06--01079--015 **300.00
Suite, Apt. #, Etc.		
City	Winter Springs	State FL Zip Code 32708

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 [Signature] Date 11/9/06
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
P/O/D	Lin, Hsi - Chi	7669 Sundial Lane	Orlando, FL 32819

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 contained in Chapter 119, 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] Hsi-chi Lin, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11-10-06 Daytime Phone #: 407-877-2772

B. Mitchell NOV 20 2006

copy

OCOEE LAUNDRY PALACE, INC.
11137 W. COLONIAL DRIVE
OCOEE, FL 34761-2935

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

October 9, 2006

Dear Sir/Madam,

Re: Ocoee Laundry Palace, Inc.
Document # 03000113092

This is to request a waiver of penalty associated with the filing of the 2005 and 2006 Uniform Business Reports as we do not have records of receiving the reports. Please accept the enclosed check of \$300.00 to cover the 2005 and 2006 reports fees.

Thank you for your attention and assistance in this matter.

Yours truly,



Lin, His-Chi
President