PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEI Sandra B. Mor Secretary of S	rtham State
DOCUMENT # 127004	98 AUG 26 All 9: 50	
1. Corporation Name	1	
National Laundry & Clea	TALLAHASSEE, FLORIDA	
Principal Place of Business 107 West Gregory St. Pensacola, FL 32501	Mailing Address 107 W. Gregory Pensacola, FL	
If above addresses are incorrect in any way, line thro		
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If	Applicable 4. Date Incorporated or Qualified To Do Business in Florida 12/10/1932
Suile, Apt. #, etc. City & State	Suile, Apl. #, etc. City & State	5. FEI Number Applied Foi 59 – 0373350 Not Applied be
Zip Country	Zip Countr	6.
7. Names and Street Address of Each Officer and/or Director (Florida nonprolit corporations must list at least 3 directors) Name of Officers and/or Directors 1 street Address of Each Officer and/or Directors 2 Sireet Address of Each Officer and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City/State / Zip 4 City/State / Zip 4 PP/S/D R. Bruce Morrison III 107 W. Gregory St. Pensacola, FL 32501 REINSTATEMENT 97 - 35 ***********************************		
City 10. Libeing appointed the registered agent of the above gamed corporation, am familiar with and a		FL
Signature of Registered Ageni Manual Date My 25, 1998 REGISTERED AGENT MUST SIGN		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filting 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 SIGNATURE AND TYPED OF REPRESENTATION OF FICER OR DIRECTOR AND 25, 198 (850) 433-2737		