APPLICATION FOR REINSTATEMENT

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

FILED
97 FEB 27 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 16233

1. Corporation Name

PALM AIRE LAUNDRY SERVICES, INC.

Principal Place of Business	Mailing Address
1949 Tiptree Cir. Orlando, FL 32837	1949 Tiptree Cir. Orlando, FL 32837

REINSTATEMENT 94-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: August 13, 1984

5. FEI Number: 59-2437696 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED [X] — $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T	Sophia King	1949 Tiptree Cir.	Orlando, FL 32837

500002101585--9
-02/28/97--01117--013
******8.75 ******8.75

500002101585--9
-02/28/97--01117--012
***1245.00 ***1245.00

DB 2-27-97

8. Name and Address of Current Registered Agent

Benjamin King
2554 N.W. 44th Ct.
Boca Raton, FL 33434

9. Name and Address of New Registered Agent

Name: Sophia King
Street Address (P.O. Box Number is Not Acceptable): 1949 Tiptree Cir.
Suite, Apt. #, Etc.
City: Orlando, State: FL Zip Code: 32837

CR2E042 (12/95)

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: Mrs. Sophia King — REGISTERED AGENT MUST SIGN — Date: Feb. 26th 97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X]

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Mrs. Sophia King — Sophia King/president — Feb. 26th 97 — 407/438-0835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #