


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J31526					
1. Corporation Name ALL AMERICAN COIN LAUNDRIES, INC.					
2. Principal Office Address 913 GAMBIT PLACE Suite, Apt. #, etc. City & State SEFFNER, FL Zip 33584			3. Mailing Office Address PO BOX 2009 Suite, Apt. #, etc. City & State SEFFNER, FL Zip 33583		
			4. Date Incorporated or Qualified To Do Business in Florida		
			5. FEI Number 59-2715987		
			6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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7. Name and Address of Current Registered Agent	
Name RAYNETTE BEDFORD	
Street Address (P.O. Box Number is Not Acceptable) 913 GAMBIT PLACE	
Suite, Apt. #, Etc.	
City SEFFNER	State FL
	Zip Code 33584

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 <i>Raynette Bedford</i>	Date 11/28/01
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
PD	RAYNETTE BEDFORD	913 GAMBIT PLACE	SEFFNER, FL 33584
S	ROBERT-TRIPP	913 GAMBIT PLACE	SEFFNER, FL 33584

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 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: <i>Raynette Bedford</i>	813-874-3743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #