

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 11 AM 11:07

DOCUMENT # K47407

1. Corporation Name

JASMINE MAYTAG LAUNDRY, INC.

Principal Place of Business

Mailing Address

913 S 14 ST
FERNANDINA BEACH FL 32034

913 S 14 ST
FERNANDINA BEACH FL 32034

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1988

5. FEI Number

59-2920826

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 3	City / State / Zip 4
VD	WILSON, EARL F. Wilson, Earl F.	913 S 14 ST	FERNANDINA BCH FL
PST	WILSON, EARL F	913 S 14 ST	FERNANDINA BCH FL
D	WILSON, MARY Wilson, Mary	913 S 14 ST	FERNANDINA BCH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MULLIN, MICHAEL S. ESQ
311 CENTRE ST
SUITE 207
FERNANDINA BEACH FL 32034

Name

Earl F. Wilson

Street Address (P.O. Box Number is not acceptable)

913 S. 14th Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

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

Earl F. Wilson
REGISTERED AGENT MUST SIGN

Date 5/25/00

11. 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:

Earl F. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00
Date

(904) 277-3730
Daytime Phone #