

(H04000024553 3

04 FEB -3 AM 10: 14

FORM: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

TALLAHASSEE, FL

DOCUMENT # L01000011802

1. Limited Liability Company's Name
QUICKWAY COIN LAUNDRY, LLC

REINSTATEMENT

2. Principal Office Address
1413 North Krome Avenue

3. Mailing Office Address
1450 West 68th Street

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida **07/18/2001**

6. FBI Number **20-0664420**

7. CERTIFICATE OF STATUS DESIRED ☒ **YES**

8. Name and Address of Current Registered Agent

Name
American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
One Southeast Third Avenue

Suite, Apt. #, Etc.
28th Floor

City
Miami

State
FL

Zip Code
33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 68B, F.S.

Signature of Registered Agent *Ray. J. ...* **REGISTERED AGENT MUST SIGN**

Date *2/3/04*

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BELLO, ENRIQUE A.	1450 West 68th Street	Mialeah, FL 33014
MGR	EGOZCUE, RICHARD	1450 West 68th Street	Mialeah, FL 33014

11. I certify that I am managing member/manager of this limited liability company and am empowered to execute this application as provided for in chapter 68B, F.S. I further certify that when filing this reinstatement application the amount for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 602.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager *(X) [Signature]*

Date *2/3/04* **Daytime Phone#** *305-5572664*

Typed or printed name of signing Managing Member/Manager *Enrique Bello, Manager*

JB

(H04000024553 3)

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000024553 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Debra C. Freedman, Legal Asst.
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

RECEIVED
04 FEB -3 PM 4:19
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

QUICKWAY COIN LAUNDRY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$255.00

17354-095784

Electronic Filing Menu

Corporate Filing

Public Access Help