




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 402000028203			
1. Limited Liability Company's Name MAYTAG LAUNDRY CENTERS, LLC			
2. Principal Office Address - No P.O. Box # 2602 N SR 7		3. Mailing Office Address 4987 NW 67th AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAUDERDALE LAKES FL		City & State LAUDERHILL FL	
Zip 33313	Country USA	Zip 33319	Country USA
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida 10/23/02	
6. FEI Number 050543798		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00-Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name George Piskhanos			
Street Address (P.O. Box Number is Not Acceptable) 4987 NW 67th AVE			
Suite, Apt. #, etc.			
City LAUDERHILL FL		State FL	Zip Code 33319
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent 		Date 1/29/10	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	George Piskhanos	4987 NW 67th AVE	LAUDERHILL FL 33319
11. E-mail Address: George.Piskhanos@Comcast.net <small>(To be used for future annual report notifications)</small>			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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 		Date 1/29/10	Daytime Phone # 954-394-3621
Typed or printed name of signing Managing Member/Manager			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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