

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L03000000048

FILED

1. DOCUMENT # L03000000048
Name and Mailing Address

03 DEC -2 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010104 01 AT 0.292 **AUTO T7 1 0615 33761-416035
AROUND TOWN LAUNDRY SERVICES, L.L.C.
2519 MCMULLEN BOOTH RD., STE 510, BOX 344
CLEARWATER FL 33761-4160



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/26/2002	
Principal Place of Business 2519 MCMULLEN BOOTH RD., STE 510, BOX 344 CLEARWATER FL 33761	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent WILLIAMS, FRANK D 2519 MCMULLEN BOOTH RD., STE 510, BOX 344 CLEARWATER FL 33761		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500025169335 12/02/03--01064--017 **155.00 City FL Zip Code	

10. 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 *Frank D. Williams* Date 11/24/03
REGISTERED AGENT MUST SIGN

1. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FENTON, BONITA J	2519 MCMULLEN BOOTH RD., STE 510, BOX 344	CLEARWATER FL 33761
MGRM	WILLIAMS, FRANK D	2519 MCMULLEN BOOTH RD., STE 510, BOX 344	CLEARWATER FL 33761
REINSTATEMENT 2003			
12/10/03			

2. 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 *Frank D. Williams* Date 11/24/03 Daytime Phone # 727 723 8588
Typed or printed name of signing Managing Member/Manager FRANK D. WILLIAMS