

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JAN 11 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600165752546  
01/11/10--01052--018 \*\*516.25

CR2E041 (11/09)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO7 000000000107

1. Limited Liability Company's Name

EMERSON ST COIN LAUNDRY  
LTD. CO

2. Principal Office Address - No P.O. Box #

3617 Emerson St

Suite, Apt. #, etc

3. Mailing Office Address

The same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

3207

Country

Duval

Zip

Country

4. State/Country of Formation

Florida

Duval

5. Date Organized or Qualified  
To Do Business in Florida

12/2006

6. FEI Number

260641587

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

HOAN BUI

Street Address (P.O. Box Number is Not Acceptable)

11373 Hollington Ct

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

[Signature]

Date 1/7/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles     | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip   |
|------------|--------------------------------------|---|----------------------|
| <u>MEM</u> | <u>HOAN BUI</u>                      | <u>11373 Hollington Ct</u>                        | <u>JAX, FL 32246</u> |
| <u>MEM</u> | <u>THUY NGUYEN</u>                   | <u>11373 Hollington Ct</u>                        | <u>JAX, FL 32246</u> |
|            |                                      |   |                      |
|            |                                      |   |                      |
|            |                                      |   |                      |
|            |                                      |   |                      |

11. E-mail Address:

(To be used for future annual report notifications)

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

[Signature]

Date

1/7/10

Daytime Phone #

(904) 294-4928

Typed or printed name of signing Managing Member/Manager