PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2021 APR -1 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000088882

1. Limited Liability Company's Name
Soaphia Laundry Centers, LLC

04/01/21--01018--031 **377.50

000368247050
04/01/21--01018--031 **377.50
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1810 45th Street	1810 45th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33407 Country: US	Zip: 33407 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: August 24, 2010

6. FEI Number: 27-3306516 ☐ 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: Williams & Company, LLP

Street Address (P.O. Box Number is Not Acceptable) Suite:
100 S. Pine Island Road, Ste. 128

Apt. #, Etc

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: March 19, 2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Gerald Brown	175 Miramar Avenue	Royal Palm Beach, FL 33411
	REINSTATEMENT		APR 01 2021
			R. HUNT

11. E-mail Address: gb41@bellsouth.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] March 19, 2021 Daytime Phone #: 586-777-9444

Typed or printed name of signing authorized representative/member: Leet E Denton