

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 24 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L4-58580

1. Corporation Name

Laundro Express of Hollywood

2. Principal Office Address

3475 N.E. 163rd St

Suite, Apt. #, etc.

3. Mailing Office Address

3475 N.E. 163rd St

Suite, Apt. #, etc.

City & State

North Miami Beach Florida

City & State

North Miami Beach, Fl

Zip

33160

Country

United States

Zip

33160

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1990

5. FEI Number

65-0172720

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Faraidun Farshid

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

3475 N.E. 163rd Street

Suite, Apt. #, Etc.

City

North Miami Beach

State
FL

Zip Code
33160

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 04/18/2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Faraidun Farshid	3475 N.E. 163rd Street	North Miami Beach/Florida/33160

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Faraidun Farshid 04/18/2003 (786) 554-2327

Date

Daytime Phone #

CR2E081110102

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