

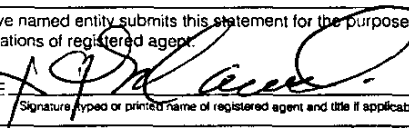
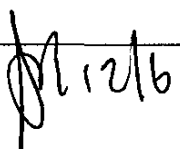
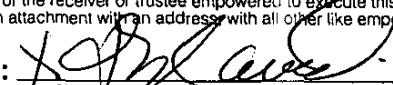


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000058747</b> 1. Entity Name <b>E. &amp; M. LAUNDRYMAT, CORP.</b>						<b>FILED</b> <b>05 DEC -5 PM 2: 53</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2375 WEST 74TH STREET #106 HIALEAH, FL 33016</b>				Mailing Address <b>2375 WEST 74TH STREET #106 HIALEAH, FL 33016</b>			
2. Principal Place of Business		3. Mailing Address				10062005    REIN-P    CR2E098 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>65-1019239</b>				Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ARMADA, FE MARIA 2375 WEST 74TH STREET #106 HIALEAH, FL 33016</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: <b>10/3/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ARMADA, FE MARIA</b> <input type="checkbox"/> Delete <b>2375 WEST 74TH STREET #106</b> <b>HIALEAH, FL 33016</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200061914622</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12/05/05--01061--017    **\$150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>ARMADA, RAFAEL</b> <input type="checkbox"/> Delete <b>2375 WEST 74TH STREET #106</b> <b>HIALEAH, FL 33016</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I, as officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>10/3/05</b> (305) 362-9139 <small>Daytime Phone #</small>			