PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 20 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000066107

1. Corporation Name: Little Haiti Coin Laundry Plaza, Inc

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
5890 NW 2nd Ave	5890 NW 2nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, FL	Miami, FL
Zip: 33127 Country:	Zip: 33127 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 7-7-2000 MRS

5. FEI Number: 651080584 (a) Applied For (b) Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name: Adam Rosie

Street Address (P.O. Box Number is Not Acceptable): 5890 N.W. 2nd ave

200024397504
11/04/03--01018--008 **1050.00

Suite, Apt. #, Etc.:

City: miami State: FL Zip Code: 33127

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: Rosie Adam Date: 10-15-03
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
P	Rosie Adam	5890 N.W. 2nd ave	Miami, FL 33127

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)(i), 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: Rosie Adam 10-15-03 (305)622-3087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #