

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1/1*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 17 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000092121

1. Corporation Name

GATEWAY COIN LAUNDRY, INC.

2. Principal Office Address

5290-H NORWOOD AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip  
32208

Country

DUVAL

3. Mailing Office Address

118 JACKSON RD.

Suite, Apt. #, etc.

#9

City & State

JACKSONVILLE FL

Zip

32225

Country

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3674241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

MYASKOVSKY, THEODORE

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

118 JACKSON RD. #9

Suite, Apt. #, Etc.

#9

City

JACKSONVILLE

State

FL

Zip Code

32225

300009567453

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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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/11/2002

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	SCIABARASI, PHILIP	118 JACKSON RD #9 SAME	JACKSONVILLE, FL 32225
V	De ANTONIS, JOHN	118 JACKSON RD #9 SAME	JACKSONVILLE, FL 32225
V	MYASKOVSKY, THEODORE	118 JACKSON RD #9 SAME	JACKSONVILLE FL 32225
			JACKSONVILLE, FL 32225

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/02 904-642-0286  
Date Daytime Phone #

*Philip*

December 12, 2002

To Whom It May Concern:

I recently learned that our Incorporation of Gateway Coin Laundry, Inc has expired without my knowledge. Since 9/11/2001, we have experienced a tremendous loss of revenue, which has caused our company to go from 13 employees to 3. One of the them was our accountant who took care of all important documents, such as the filing of corporations papers. To my knowledge we have never received any forms to file. Please accept this form and payment to reinstate our corporation.

Thanking you in advance,

*Philip Sciabarasi*

Philip Sciabarasi  
Gateway Coin Laundry, Inc.  
118 Jackson Rd #9  
Jacksonville Fl 32225