

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -7 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100073199

1. Corporation Name

Oakcrest Coin Laundry

100008327651--8
-10/11/02--01022--004
****750.00 ****750.00

2. Principal Office Address
5528 Ricker Road

3. Mailing Office Address *3753 SPRING
5528 Ricker Road LAKE LAKE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32244

Country

USA

Zip

32244 *32210*

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 1998

5. FEI Number

13-4214079

Applied For

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 **Barnachea Richardo RICARDO**

Street Address (P.O. Box Number is Not Acceptable)
3753 Spring Lake Lane

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32210

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

REGISTERED AGENT MUST SIGN

Date

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
Director	Ricardo Barnachea	5528 Ricker Road	Jacksonville, Florida 32244
Asst. Dir	Edith Barnachea	<i>RICKER</i> 5528 Richer Road	Jacksonville, Florida 32244

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: *EDITH BARNACHEA Edith Barnachea* *10602* *308-3880*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

js 10/5/02