2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 20 PM 12:20

REINSTATEMENT 03-05

DOCUMENT #

1. Entity Name

GABLES COIN LAUNDRY & DRY CLEANERS INC.

Principal Place of Business / Mailing Address

3954 S.W. 8th Steet
Coral Gables, Florida 33134

2. Principal Place of Business	3. Mailing Address
3954 S.W. 8th Street	4251 S.W. 13th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Coral Gables, Florida	
City & State: Coral Gables, Fl. 33134	City & State: Miami, Fl. 33134
Zip: 33134 Country: Miami-Dade	Zip: 33134 Country: Miami-Dade

01042005 REIN-P CR2E098 (6/04)

4. FEI Number: 65-1135076 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Robert Wayne, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1225 S.W. 87th Ave.

City: Miami FL Zip Code: 33174

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: Robert Wayne May 16, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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	Pres, Sec. Treasurer Shwani, Marc 4251 S.W. 13th Terrace Miami, Florida 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300055189203 ☐ Change ☐ Addition 05/24/05--01045--004 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Shwani, Karmen 4000 S. Babcock St. Melbourne, Fl. 32901 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300055189203 ☐ Change ☐ Addition 05/24/05--01045--003 **1050.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the 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 my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marc Shwani