

2005 FOR PROFIT CORPORATION REINSTATEMENT

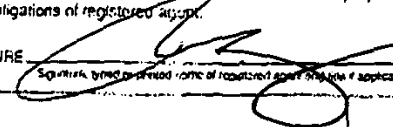
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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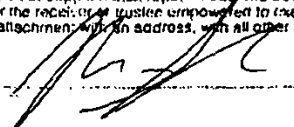
REINSTATEMENT 03-05



01042005 REIN-P CR2E098 (8/04)

DOCUMENT # 1. Entity Name GABLES COIN LAUNDRY & DRY CLEANERS INC.					
Principal Place of Business 3954 S.W. 8th Street Coral Gables, Florida 33134		Mailing Address 4251 S.W. 13th Terrace Miami, FL 33134			
2. Principal Place of Business 3954 S.W. 8th Street Coral Gables, FL 33134		3. Mailing Address 4251 S.W. 13th Terrace Miami, FL 33134			
Suite, Apt. #, etc. FL 33134		Suite, Apt. #, etc. FL 33134			
City & State Coral Gables, FL 33134		City & State Miami, FL 33134			
Zip 33134		Zip 33134			
Country Miami-Dade		Country Miami-Dade			
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		
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 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 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	
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 recipient of 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**