

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 14 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094576

1. Corporation Name

Atlantic Shores Coin Laundry, Inc.

2. Principal Office Address

712 Atlantic Shores Blvd.

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

USA

3. Mailing Office Address

1701 Funston Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09.25.01

5. FEI Number

651124386

☒ 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

Zorka Balan

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

1701 Funston Street **REINSTATEMENT**

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

Zorka Balan

Date

11-10-03

REGISTERED AGENT MUST SIGN

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	<u>Jon Balan</u>	<u>1701 Funston Street</u>	<u>Hollywood, FL 33020</u>
V	<u>Zorka Balan</u>	<u>1701 Funston Street</u>	<u>Hollywood, FL 33020</u>

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:

Zorka Balan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-03

Date

954-924-0551

Daytime Phone #

or 954-683-6077

CR2E081 (10/02)

TL

1701 Funston Street
Hollywood, Florida 33020
November 10, 2003

Document Number P01000094576
FEI Number 651124386


Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:.

In November, 2002, I moved from 3850 Washington Street in Hollywood, Florida, to the above listed address. I filed a change of address with the Post Office, however, I never received any renewal forms or notification regarding my Annual Report. Although I understand I am ultimately responsible for notifying you of the change of address, I would have done so if I would have received the renewal. As this corporation was newly formed, I would not have wanted its status to have been dissolved. For this reason, I am writing to request a waiver of my reinstatement fee for my business. Per the telephone recording at your office, I am enclosing a check for \$158.75, which will cover the reinstatement as well as the Certificate of Status.

Thank you for your consideration of this matter,

Sincerely,


Zorka Balan, Vice President
Atlantic Shores Coin Laundry