

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 NOV -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108102

1. Corporation Name

LAUNDRAMAGIC, INC.

Principal Place of Business

715 EGRET BLUFF LANE
JACKSONVILLE FL 32211

Mailing Address

715 EGRET BLUFF LANE
JACKSONVILLE FL 32211

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2001

5. FEI Number

59-3757235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P/T	FREE, JAMES L JR	715 EGRET BLUFF LANE	JACKSONVILLE FL 32211
D/VP/S	SCHULTZ, WILLIAM H.	4150 McGirts Blvd.	Jacksonville, FL 32210

500008760325
11/01/02--01073--019 **150.00

8. Name and Address of Current Registered Agent

WATSON, TODD
7785 BAYMEADOWS WAY STE 107
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-28-02

11. 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

James L. Free, Jr., President 10/29/02 (904) 616-4739

CR2E040 (8/02)

LAUNDRAMAGIC, INC.

James Free

10/29/02

Secretary of State
Division of Corporations

To Whom It May Concern:

Enclosed is my application for reinstatement
executed by me as president and Todd Watson
as registered agent along with \$150 filing fee.

To the best of my knowledge I did not
receive the notices to file a report referred
to in your notice of suspension.

If you need something further from me
please call me at 904-616-4789.

Sincerely,

LAUNDRAMAGIC, INC

James L. Free, Jr.

JAMES L. FREE, JR, PRES.