

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000028602

1. Corporation Name

ANDERSON LAUNDRY SERVICES INC.

Principal Place of Business

8015 VILLAGE GREEN RD
ORLANDO FL 32818

Mailing Address

8015 VILLAGE GREEN RD
ORLANDO FL 32818



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

02-0557462

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ANDERSON, BRYAN	8015 VILLAGE GREEN RD	ORLANDO FL 32818

100024204521

10/28/03--01043--006 **150.00

8. Name and Address of Current Registered Agent

ANDERSON, BRYAN
8015 VILLAGE GREEN RD
ORLANDO FL 32818

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/10/03

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 REQUIRED
BRYAN ANDERSON

Date

Daytime Phone #

11/10/03

407 432 0647

**Anderson Laundry Services DBA
Advance Coin Laundry
5575 South Semoran Blvd. Unit 46
Orlando FL 32822
407-208-9070**

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

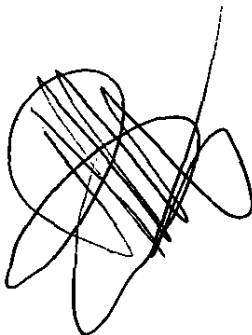
Re: Document Number P02000028602

Dear Sir or Madam:

Enclosed please find copies of our Application for Reinstatement that we received from your department. This was the first notice that we received, and have enclosed a check to cover the fee.

Sincerely,

Bryan Anderson

A handwritten signature in black ink, appearing to be "Bryan Anderson", with a large, stylized flourish at the end.