PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION[®] **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FII FD

103 NOV 17 AM 8:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P02000030968

1. Corporation Name

PETE'S COIN LAUNDRY, INC.

Principal Place of Business

Mailing Address

7218 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068 7218-SOUTHGATE-BLVD. NORTH LAUDERDALE FL 33068

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

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3. New Mailing Office Address, If Applicable 393 Harris Applicable Suite, Apt. #, etc. 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/15/2002 Suite, Apt. #, etc. Applied For City & State Not Applicable Zip

		<u> </u>	
Names a	and Street Addresses of Each Officer and/or Direct	ctor (Florida nonprofit corporations must list at least 3 dire	ectors)
e(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	JANIGIAN, PETER	7218 SOUTHGATE BLVD.	NORTH LAUDERDALE FL 33068
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		1	400023865444 10/16/0301092012 **150.00

Name

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JANIGIAN, PETER 7218 SOUTHGATE BLVD.

NORTH LAUDERDALE FL 33068

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

REGISTERED AGENT MUST SIGN

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 filling 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.

10-10-3 3059659695 Date Daytime Phone #

11-1-03 To: FLA DEPT OF STATE DIVISION OF CORPOLATIONS JUSTIN AN SHIVERS POCUNEM SPECIACIST

FROM: PETE'S CON CANARY INC RUF NUMBER: POZOOO030968

REF LETTER NUMBER 503A00057023

I NEVER RECENTO ANY NOTICE REF UNIFORM

BUSINESS REPORT UNTIL I GOT NOTICE OF CANCELLATION.

I DID NOT GET (NOW-RECEIPT) THE OLIGINAL/SECOND

NOTICE UNIFORM BUSINESS REPORT (UBR).

PLEASE REINSTATE ME AND WAIVE THE REINSTATEMENTHE

PETER SANIGIAN
PETER SANIGIAN
PETER SANIGIAN
PETER SOIN LAUNDEY-INC
3937 HEROS RIOCE CANE
WESTON FOR 33331
305 965 9695