

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 28 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PD2 000075656**

**1. Corporation Name**

24Hour Laundry Zone Corp.

**2. Principal Office Address**

1018 S. 14th St.

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

**3. Mailing Office Address**

PO Box 16112

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32035

Country

USA

**REINSTATEMENT**

03-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

July 11, 2002

**5. FEI Number**

81-0561098

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

Gary Cooper

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

2020 NE 56th St

Suite, Apt. #, Etc.

103

City

Fort Lauderdale

State

FL

Zip Code

33308

800054226238

05/10/05--01084--002 \*\*1054.00

**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

*Gary Cooper*

REGISTERED AGENT MUST SIGN

Date 4/22/05

**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-D	Beverly Fleischer	1018 S. 14th St.	Fernandina Beach, FL 32034
V-D	Richard Fleischer	1018 S. 14th St.	Fernandina Beach, FL 32034
S-T-D	Beverly Fleischer	1018 S. 14th St.	Fernandina Beach, FL 32034

**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:

*Beverly Fleischer*

Beverly Fleischer, Pres.

4/22/05

904-556-6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

516aw