

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 24 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000093638**

1. Corporation Name

**THE HAMMOCKS COIN LAUNDRY, CORP.**

Principal Place of Business

Mailing Address

300 S.W. 51 PL  
MIAMI FL 33134

300 S.W. 51 PL  
MIAMI FL 33134



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

265-49-1252

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GIL, RAFAEL JR	300 S.W. 51 PL	MIAMI FL 33134

900024982869  
11/24/03--01039--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIL, RAFAEL JR  
300 S.W. 51 PL  
MIAMI FL 33134

Name

*Rafael Gil Jr*

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

*300 SW 51st PL*

Suite, Apt. #, Etc.

City

*Miami*

State

*FL*

Zip Code

*33134*

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

*Rafael Gil Jr*

REGISTERED AGENT MUST SIGN

Date

*11/21/03*

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:

*Rafael Gil Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*11/21/03*

Daytime Phone #

CP2EQ40 (7/03)

11/21/03

To whom it may concern

I am sending my  
Triling Fee of 150.00

I did not receive

THE Uniform Business Report (UBR)  
prior to this

(5) I have not applied for  
my FEI Number yet, I  
am wait for Application from  
IRS, they told me I  
could put my S.S. Number  
mean while.

Thank You Rafael R