

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 20 PM 12:35

STATE
TREASURY, FLORIDA

DOCUMENT # P03000068394

1. Corporation Name

WASH-N-FOLD CORP.

2. Principal Office Address - No P.O. Box #

9901 SW 139TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip
33176

Country
USA

3. Mailing Office Address

9790 SW 24TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip
33165

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2003

5. FEI Number

☒ 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
YISHAI HAYDELSTIEN

Street Address (P.O. Box Number is Not Acceptable)
9501 SW 147TH STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33176

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 07/17/07

REGISTERED AGENT MUST SIGN

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	JESUS AMADO	9790 SW 24TH STREET	MIAMI, FLORIDA
SVP/S/D	YISHAI HAYDELSTIEN	9790 SW 24TH STREET	MIAMI, FLORIDA
VP	CARMEN ESTER FLORIAN	9790 SW 24TH STREET	MIAMI, FLORIDA
T	AMIR NAJI	9790 SW 24TH STREET	MIAMI, FLORIDA
AT	ROLANDO PORTOCARRERO	9790 SW 24TH STREET	MIAMI, FLORIDA
AS	WILLIAM PRAZUELA	9790 SW 24TH STREET	MIAMI, FLORIDA

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/07
Date

305-971-6101

Daytime Phone #