

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 29 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000074792

1. Corporation Name

NAUTICA COIN LAUNDRY, CORP.

2. Principal Office Address

579 W. FLAGLER STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33130

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (8/05)

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/03

5. FEI Number

81-0624062

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

MAGALY FUENTES

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

579 WEST FLAGLER STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33130

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-14-05

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
PST	MAGALY FUENTES	579 W. FLAGLER STREET	MIAMI, FLORIDA 33130

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAGALY FUENTES, PRES. 11-14-05

Date

Daytime Phone #

**NAUTICA COIN LAUNDRY, CORP.
579 WEST FLAGLER STREET
MIAMI, FLORIDA 33130**

NOVEMBER 16, 2005

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314**

**RE: ANNUAL REPORT YEAR 2004 AND 2005
E.I.N.#81-0624062**

DEAR SIR/MADAM:

**PLEASE BE ADVISED THAT I HAVE NOT RECEIVE THE NOTICES TO
PAY THE ANNUAL REPORT FOR THE YEARS OF 2004 AND 2005.**

**AS PER YOUR INSTRUCTIONS ENCLOSED PLEASE FIND A CHECK IN
THE AMOUNT OF \$300.00 FOR THE ABOVE MENTIONED YEARS.**

**THANK YOU FOR YOUR COOPERATION IN REGARDS TO THIS
MATTER.**

WJF, PRES.
NAUTICA COIN LAUNDRY, CORP.