


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000125438		
1. Entity Name SUPER CLEAN COIN LAUNDRY CORP.		

Principal Place of Business 5366 WEST 16 AVE. HIALEAH, FL 33012	Mailing Address 5366 WEST 16 AVE. HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # 5366 West 16002	3. Mailing Address 5366 West 16002
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HIALEAH FL	City & State HIALEAH FL
Zip 33012	Zip 33012
Country USA	Country USA

6. Name and Address of Current Registered Agent CARDENAS, YAMILET 5366 WEST 16 AVE. HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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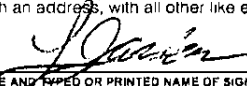
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDENAS, YAMILET 5366 WEST 16 AVE. HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  DATE: 8/17/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
09 SEP 21 PM 3:43
CLERK OF STATE
TALLAHASSEE, FLORIDA
7/28/08 90029 003 \$150.00
REINSTATEMENT
08042009 REIN-P CR2E098 (1/07)

000160883950
09/21/09-01046-001 \$150.00

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