

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 20 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000015341**

1. Corporation Name

QUICK CLEAN LAUNDROMAT, INC.

2. Principal Office Address

29335 SW 152 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

LEISURE CITY FL

City & State

SAME

Zip

33033

Country

MIAMI-0406

Zip

Country

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

12-31-92

5. FEI Number

65-0376451

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

EDSON Q. BORRES

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

29335 SW 152 AVE

Suite, Apt. #, Etc.

City

LEISURE CITY FL

**State
FL**

Zip Code

33033

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*****\$900.00 ***\$900.00**

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

Edson Borres

Date

03-01-02

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 |
|----------|--------------------------------------|---|-----------------------|
| D | BORRES, EDSON Q | 21243 SW 94 CT MIAMI FL 33189 | MIAMI FL 33189 |
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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:

Edson Borres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-02

Date

Daytime Phone #

CR2E061 (9/01)

B