

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 27 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600089980356

03/02/07--01003--010 **600.00

REINSTATEMENT 04-07

CR2E081 (1/07)

DOCUMENT # P93000001999

1. Corporation Name

El Yumuri Coin Laundry, Inc

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

2322 NW 7th Street

Suite, Apt. #, etc.

3. Mailing Office Address

2322 NW 7th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33125

Country

US

Zip

33125

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1993

5. FEI Number

650380099

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

Jose A Oviedo

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

192 East 14th Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

☒ 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

REGISTERED AGENT MUST SIGN

Date **02/05/2007**

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	Elias Elias	2322 NW 7th Street	Miami, FL 33125
VP	Ofelia M. Pena	442 East 19th Street	Hialeah, FL 33013
D	Alberto Elias	815 Ortoga Ave	Coral Gables, FL 33134
D	Asuncion G. Oviedo	190 East 14th Street	Hialeah, FL 33010
D	Jose A. Oviedo	192 East 14th Street	Hialeah, FL 33010

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:

Jose A. Oviedo

02/05/2007

305-884-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2108 00