

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PP3000012732

1. Corporation Name

Delux Coin Laundry, Inc.

Principal Place of Business

Mailing Address

**20312-NE-16-Place-
Miami, FL--33179-**

**20312-NW-16-Place-
Miami, FL--33179-**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
18400 NW 2 Avenue

3. New Mailing Office Address, If Applicable
3950 NW 31 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL 33169

City & State
Miami, FL 33142

Zip Country

Zip Country

REINSTATEMENT 95-99

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/93

5. FEI Number

65-0397791

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Stephen Cohen	3950 NW 31 Avenue	Miami, FL 33142
VSD	Tracy H. Doane	3950 NW 31 Avenue	Miami, FL 33142

600002948726--5
-08/03/93--01037--011
***1350.00 ***1350.00
600002948726--5
-08/03/99--01037--012
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Richard D. Katz
300 Aragon Avenue
Suite 330
Coral Gables, FL 33134

Name

Richard D. Katz

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

2600 Douglas Road

Suite, Apt. #, Etc.

Suite 501

City

Coral Gables

State

FL

Zip Code

33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

R. Katz

REGISTERED AGENT MUST SIGN

Date

7/8/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACY H. DOANE, U.S.D.

07-21-99

Date

(305) 635-4141

Daytime Phone #

CR2E081 (12/98)