

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027385

1. Corporation Name

DECISION COIN LAUNDRY, INC.

2. Principal Office Address

300 NE 156 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33162

Country

USA

3. Mailing Office Address

12555 BISCAYNE BLVD

Suite, Apt. #, etc.

830

City & State

MIAMI, FL.

Zip

33181

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL, 14, 1993

5. FEI Number

650414673

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

KEITH T. GRUMER, ESQ

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

ONE EAST BROWARD BLVD.

Suite, Apt. #, Etc.

1501

City

FT, LAUDERDALE

State

FL

Zip Code

33301

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

Date

8/16/06

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
P	EDWIN W. WHITEHEAD	300 NE 156 ST	MIAMI, FL. 33162

3000080870143
10/18/06--01029--006 **1500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN W. WHITEHEAD 08/14/2006

Date

(305)948-9367

Daytime Phone #