

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 AUG 11 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012582

1. Corporation Name

LAV'S COIN LAUNDRY & SERVICES, INC.

W97-14024

Principal Place of Business

Mailing Address

1431 Southeast 17th Street  
Fort Lauderdale, FL 33316

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

2. New Principal Office Address, if Applicable  
10441 N.W. 12th Court

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Plantation, Florida

City & State

Zip

33322

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/1994

5. FEI Number

165-0474.026

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Roberto Darato	10441 N.W. 12th Court	Plantation, FL 33322
T/D	Cecilia Darato	10441 N.W. 12th Court	Plantation, FL 33322
S/D	Theresa M. Darato	10441 N.W. 12th Court	Plantation, FL 33322
D	Robert J. Darato	10441 N.W. 12th Court	Plantation, FL 33322
D	Bethel J. Darato	10441 N.W. 12th Court	Plantation, FL 33322
D	Lavinia A. Darato	10441 N.W. 12th Court	Plantation, FL 33322

8. Name and Address of Current Registered Agent

Corporation Information Services, Inc.  
1201 Hays Street  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002264518--0

08/12/97--01050--009

\*\*\*1080.00

\*\*\*1080.00

State

FL

Zip Code

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

*[Signature]*

KAREN B. ROZAR, As Its Agent

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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, 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

Roberto Darato, Pres.

Date

6/10/97

Daytime Phone #

474-5609

CP2E040 (12/96)