
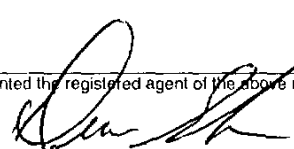
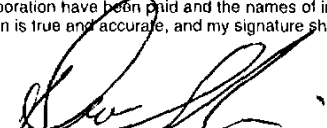


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 25 PM 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P95000035502 1. Corporation Name SURFSIDE LAUNDRY INC.					
Principal Place of Business 325 E. Blue Heron Blvd. Riviera Beach, FL 33404			Mailing Address 223 Gray Street West Palm Beach, FL 33405		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable 224 Gray Street Suite, Apt. #, etc. City & State West Palm Beach, FL Zip 33405		4. Date Incorporated or Qualified To Do Business in Florida May 5, 1995	
				5. FEI Number 65-0581732	
				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)
	DP		Dean Eakin		224 Gray Street
					West Palm Beach, FL 33405
	V		Kelly Hair		224 Gray Street
					West Palm Beach, FL 33405
REINSTATEMENT <u>97-98</u> <u>SL 3-25-98</u>					
8. Name and Address of Current Registered Agent Dean Eakin 4010 Miller Avenue West Palm Beach, FL 33405			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 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  Date 3-24-98 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: 			3-24-98 561-833-9424 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

C225040 (1/98)



ACCOUNT NO. : 072100000032

REFERENCE : 754341 81763A

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 908.75

ORDER DATE : March 25, 1998

ORDER TIME : 10:29 AM

ORDER NO. : 754341-005

CUSTOMER NO: 81763A

CUSTOMER: Laurie Constable, Legal Asst
Keith C. Austin, Jr., P.a.
340 Royal Palm Way, 1st Floor

Palm Beach, FL 33480

DOMESTIC FILINGS

NAME: SURFSIDE LAUNDRY INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS _____

RECEIVED
98 MAR 25 AM 11:23
DIVISION OF CORPORATION