| PLEASE READ / | OMPLETING THIS FORM. | | |
|--|--|---|--|
| APPLICATION A | FLORIDA DEPARTME | | APPROVED AND |
| FOR 90 | Sandra B. Mo Secretary of | | ALEÓ |
| REINSTATEMENT | DIVISION OF CORPC | | |
| DOCUMENT # P95000055325 | | | 97 MAR 17 AM 11: 20 |
| 1. Corporation Name M+W Coin Laundries, Inc. | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| , | | | TALLAHASSEE, FLOHIDA |
| Principal Place of Business 3680 SW G4th Averve 1605 1. 20th Avenue | | | |
| Malling Address 3680 SW 64th Avenue 1605 M. 20th Avenue Davie, FL 33314 & Holly wood, FL 33020 | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | , | |
| 2. New Principal Office Address, II Applicable | 3. New Mailing Office Address. If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 7 17 95 |
| Suite Apt. #, etc. | Suite, Apt. #, etc. | | 5. FEI Number Applied For |
| City e state | Hollywood, 1 | 7 _ | 65.0595799 Not Applicable |
| Zip D A Country A | 21P33020 Count | "USA | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status |
| Names and Street Addresses of Each Officer and/ Name of Officers | | rations must list at lea | |
| Title(s) and/or Directors | | fficer and/or Director Jse Post Office Box N | City / State / Zip |
| | | ,#312 Nlwd. FL 33019 | |
| | | | , |
| | | | |
| | | | -03/19/9701053013 ****923.75 ****923.75 |
| | | | |
| * Only officer | | מכו | NSTATEMENT Jum |
| | | - UE | 3-17-9 |
| | | | 3-17-9 |
| Name | | | Name and Address of New Registered Agent |
| Wairim Hernandez | | | .O. Box Number is Not Acceptable) |
| 37775 9 Ocean Drive, #312 | | $ \mathcal{D} _{\mathcal{H}}$ | .o. Box Number is Not Acceptable) |
| | | | |
| Hollywood, FC 33019 City Off State Zip Copy 7 | | | |
| 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 Court Heurard 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 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 filling 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: \ Jaim Hernandez 3/13/97 (954) 923.0911 | | | |
| SIGNATURE: V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |