

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

99 MAR 11 PM 1:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000050299**

1. Corporation Name

PINE LAKE LAUNDROMAT, INC.

Principal Place of Business

Mailing Address

10004 GRIFFIN RD
 COOPER CITY FL 33028

11000 SW 55TH ST
 STL LAUDERDALE FL 33328
 US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03-99

4. Date Incorporated or Qualified To Do Business in Florida

06/10/1996

5. FEI Number

65-0689463

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
DPS	WIEDEKE, ROBERT	11000 SW 55TH ST	FT LAUDERDALE FL 33328
V	SIMPSON, DONALD	11000 SW 55TH ST	FT LAUDERDALE FL 33328
T	WIEDEKE, JANICE	11000 SW 55TH ST	FT LAUDERDALE FL 33328

500002814235-9
 -03/22/99-01143-012
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORANTIS, ROBERT J
 1310 SE 3RD AVE
 FT LAUDERDALE FL 33316

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____

03-15-99

State | Zip Code
FL | _____

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

Robert Morantis

REGISTERED AGENT MUST SIGN

Date

3-4-99

11. This corporation owes or has paid 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: *R. W. ...*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99
 Date

954
 434-3826
 Daytime Phone #