

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

10004 GRIFFIN RD
COOPER CITY FL 33028

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

MORANTIS, ROBERT J
1310 SE 3RD AVE
FT LAUDERDALE FL 33318

Name

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

Suite, Apt. #, Etc.

City

9. Name and Address of New Registered Agent

03-15-99

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]

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:

[Signature] P965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99

Date

954
434-3826

Daytime Phone #