

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

97 NOV - 5 AM 10:48

①

DOCUMENT # P96000055135

1. Corporation Name

WILLIAMS LAUNDROMAT INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6937 MINIPPI DR.
ORLANDO FL 32818

Mailing Address

6937 MINIPPI DR.
ORLANDO FL 32818

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1996

5. FEI Number Fed. Tax #

59-340-3594

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
D	WILLIAMS, ARIS	6937 MINIPPI DR.	ORLANDO FL 32818
D	WILLIAMS, HOLLY	6937 MINIPPI DR.	ORLANDO FL 32818
			100002343511--7 -11/10/97-01166-008 ****165.00 ****165.00
			9L 11-7-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, ARIS
6937 MINIPPI DR.
ORLANDO FL 32818

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

(Aris Williams)
REGISTERED AGENT MUST SIGN

Date 11.1.97

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:

(Holly Williams)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11.1.97 (407) 578-2553

Daytime Phone #

CR2E040 (8/97)

11.1.97

To Whom it May Concern,

Pursuant to my conversation with one of the representatives, I am sending the required \$165.00. I discussed the problem with our mail system which did not enable us to receive our first two notices of a payment due.

We apologize for the situation and appreciate your cooperation and understanding.

Thank you,

Wally Trillians

(407) 578-2553