

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013885

1. Corporation Name

MY DREAM COIN LAUNDRY

2. Principal Office Address

279 NE 79th Street

Suite, Apt. #, etc.

City & State

Miami, FL 33138

Zip

Country

33138

USA

3. Mailing Office Address

279 NE 79th Street

Suite, Apt. #, etc.

City & State

Miami, FL 33138

Zip

Country

33138

USA

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650245169

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mostafa Elghanam

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

279 NE 79 Street

Suite, Apt. #, Etc.

300004275623-6

-05/22/01--01023-028

***1200.00 ***1200.00

City

Miami

State

FL

Zip Code

33138

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mostafa Elghanam

REGISTERED AGENT MUST SIGN

Date

05/01/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Mostafa Elghanam	279 NE 79th Street	Miami, FL 33138

10. 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:

Mostafa Elghanam 05/01/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305)-759-7979

Daytime Phone #