

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000025326

1. Corporation Name

S & H COIN LAUNDRY, INC.

Principal Place of Business

15370 SOUTHWEST 101 AVENUE
MIAMI FL 33157

Mailing Address

15370 SOUTHWEST 101 AVENUE
MIAMI FL 33157

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

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	SEUNAIRE, TABINDRANAUT	15370 SOUTHWEST 101 AVENUE	MIAMI FL 33157
D	PRAKASH, RAJ	9534 SW 143 CT	Miami FL 33186

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

RAJ PRAKASH

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

9534 SW 143 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

R. Prakash

REGISTERED AGENT MUST SIGN

Date

2/3/99

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)(j), 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. Prakash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

305.2320929

Daytime Phone #

FILED
99 MAR 29 PH 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03/20/1997

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

650737308

Applied For

Not Applicable

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CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/98)