PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101988

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11/21/03--01091--003 **758.75

REINSTATEMENT 03

1. Corporation Name

Miami Shores Coin Laundry Limited, Inc.

2. Principal Office Address	3. Mailing Office Address
8851 Biscayne Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Shores	City & State: Fl.
Zip: 33138 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/3/97

5. FEI Number: 65-0245169 ☐ 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: Sheila Spencer

Street Address (P.O. Box Number is Not Acceptable): 650 NE 88 Terr

Suite, Apt. #, Etc.:

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: X Sheila Spencer
REGISTERED AGENT MUST SIGN

Date: 10/31/03

CR2E031 (10/02)

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
D/P	Sheila Spencer	650 NE 88 Terr.	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: X Sheila Spencer 10/31/03 305-757-1268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Att: Division of Corps

Please be advised that we did not receive our 1999, 2000, 2001, 2002 & 2003 Annual Reports

Our correct mailing & principle address is

8851 Biscayne Blvd.
Miami Shores Fl. 33138

Please reinstate & issue a COS.

x Sheila Spencer
Sheila Spencer - Pres