

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 16 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041565

1. Corporation Name

Burbujas Coin Laundry, Inc.

2. Principal Office Address

4577 NW 7th St

3. Mailing Office Address

3355 W 68th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

149

City & State

Miami, FL.

City & State

Hialeah, FL.

Zip

33155

Country

USA

Zip

33018

Country

USA

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

05/05/98

5. FEI Number

65-0843072

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

Jose Martinez

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

3355 W 68th St

Suite, Apt. #, Etc.

149

City

Hialeah

State
FL

Zip Code

33018

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

Date 09/11/02

REGISTERED AGENT MUST SIGN

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
P	Jose Martinez	3355 W 68th St. # 149	Hialeah, FL. 33018
ST	Jenyfer Martinez	3355 W 68th St # 149	Hialeah, FL. 33018

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE MARTINEZ

Date 09/11/02

305-688-9694

Daytime Phone #

Daytime Phone #

CR2ED081 (3/01)