

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000050150

1. Entity Name  
F. E. DRISKILLS' COIN LAUNDRIES, INC.



08 DEC -4 PM 2:26

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10 PENNSYLVANIA AVE  
ST CLOUD, FL 34769 US

Mailing Address  
10 PENNSYLVANIA AVE  
ST CLOUD, FL 34769 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12022008 REIN-P CR2E098 (1/07)

4. FEI Number  
59-3584725

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRISKILL, FREDRICK E III  
10 PENNSYLVANIA AVENUE  
ST. CLOUD, FL 34769-2377

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
DRISKILL, FREDRICK E III  
10 PENNSYLVANIA AVENUE  
ST. CLOUD, FL 347692377

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

100138436011  
12/04/08 01016 006 \*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
HEADLEE, JUDY A  
5500 S.E. 42ND COURT  
OCALA, FL 34480

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy A. Headlee Judy A. Headlee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/08  
Date

352-732-9223  
Daytime Phone #

12/4