

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 29 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110811

1. Corporation Name

Wash-N-Dry Express of Cresthaven,
INC.

400004915514-2
-02/13/02--01071--018
****458.75 ****458.75

2. Principal Office Address

2601 S. Military

Suite, Apt. #, etc.

3. Mailing Office Address

6800 NW 21 Terr

Suite, Apt. #, etc.

City & State

West Palm Bch. FL

City & State

FL. Land. FL.

Zip

33415

Country

Zip

33309

Country

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

Dec. 27, 1999

5. FEI Number

600972194

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

Charles C. Remondelli

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

6800 NW 21 Terr

Suite, Apt. #, Etc.

City

FL. Land.

State

FL

Zip Code

33309

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

Charles C. Remondelli

REGISTERED AGENT MUST SIGN

Date 1-28-02

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
P	Charles Remondelli	6800 NW 21 Terr	FL. Land. FL 33309

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:

Charles C. Remondelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

954-975-0740

Daytime Phone #

CR2E081 (9/01)

Charles Remondelli
6800 NW 21 Terrace
Ft. Lauderdale, Fl. 33309

2082

January 28, 2002

To Whom It May Concern,

I never received notice that I was to be paying a Corporation Annual Report Fee for my two companies, Wash-N-Dry Express of Sunrise, Inc. and Wash-N- Dry Express of Cresthaven, Inc.

Respectfully,



Charles Remondelli
Wash-N-Dry Express