

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

VBA
VIRGINIA INCORPORATIONS

FILED

02 OCT 30 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019791

1. Corporation Name

SERVI WASH INC.

Principal Place of Business

5035 CORTO DR.
ORLANDO FL 32837

Mailing Address

5035 CORTO DR.
ORLANDO FL 32837

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2001

5. FEI Number

59-3716175

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SEGURA, EDGAR	5035 CORTO DR.	ORLANDO FL 32837

3000008708669
10/30/02--01115--002 **150.00

8. Name and Address of Current Registered Agent

SEGURA, EDGAR
5035 CORTO DR.
ORLANDO FL 32837

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Edgar S. Segura
SIGNATURE REQUIRED
Edgar S. Segura
REGISTERED AGENT MUST SIGN

Date 10-28-02

11. 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:

Edgar S. Segura
SIGNATURE REQUIRED
Edgar S. Segura
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02

Date

407-948-8696

Daytime Phone #

CR2E040 (8/02)

October 28, 2002

Servi Wash, Inc.
5035 Corto Dr.
Orlando, FL 32837

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

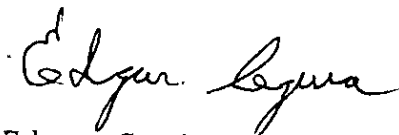
Sir/Madam:

As a new corporation, effective 2001, I was not aware that Florida corporations must file a yearly reinstatement for viability. This corporation did not receive any notices or requests for maintenance. The enclosed "Application for Reinstatement" is the only mailing from the Florida Department of State received by this corporation.

Please reinstate this corporation. Enclosed is a check for \$150.00 along with the completed and signed application. After speaking to your offices last week, we will look forward to the receipt of your mailing at the beginning of each calendar year for the continuation of the corporation.

Thank you for your help in resolving this matter.

Servi Wash, Inc.



Edgar S. Segura, President