PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 15 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300024050688
10/23/03--01059--023 **150.00

DOCUMENT # P02000087939

1. Corporation Name

BJM WASH, INC.

Principal Place of Business	Mailing Address
1771 TUCKER LANE NORTH FT MYERS FL 33917	1771 TUCKER LANE NORTH FT MYERS FL 33917

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: 08/13/2002

5. FEI Number: 65-0228103 (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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	MAXWELL, BOYCE J	1771 TUCKER LANE NORTH	FT MYERS FL 33917
DVS	MAXWELL, MARK A	1771 TUCKER LANE NORTH	FT MYERS FL 33917

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name: BOYCE J MAXWELL
Street Address (P.O. Box Number is NOT Acceptable): 1771 TUCKER LANE NORTH
Suite, Apt. #, Etc.:
City: FT MYERS State: FL Zip Code: 33917

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: [signature] Date: 10/6/03
REGISTERED AGENT MUST SIGN

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: BOYCE J MAXWELL [signature] ✓ 239-543-7178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/10/17

BJM Wash. Inc.
1771 Tucker Lane North
Fort Myers, Floridia 33917
(239) 549-7178

October 15, 2003

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

Enclosed you will fine the Application for Reinstatement for and a check for $ 150.00. We did not receive the annual report are the $ 150.00 fee is per your telephone instructions from phone # (850) 245-6059.

If you need any further information please call us.

Very truly yours,

Boyce J. Maxwell, President

enclosures
Application for Reinstatement
Check for $ 150.00