

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Tara L. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000004898**

1. Corporation Name  
**UNION JACK MOBILE CAR WASH, INC.**

Principal Place of Business      Mailing Address

~~2212-D ANDREA LANE~~      ~~2212-D ANDREA LANE~~  
~~FT MYERS FL 33912~~      ~~FT MYERS FL 33912~~

**7050 TWIN EAGLE LN.**      **7050 TWIN EAGLE LN.**  
**FT. MYERS, FL 33912**      **FT. MYERS, FL 33912**

2. New Principal Office Address, If Applicable  
**7050 TWIN EAGLE LN.**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**7050 TWIN EAGLE LN.**  
Suite, Apt. #, etc.

City & State  
**FT. MYERS, FL**

City & State  
**FT. MYERS, FL**

Zip  
**33912**      Country **U.S.**

Zip  
**33912**      Country **U.S.**

4. Date incorporated or Qualified To Do Business in Florida  
**09/23/1996**

5. FEI Number  
**42-1309031**

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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
PDC	ERWIN, J L	7050 TWIN EAGLE LANE	FT MYERS FL
SDC	ERWIN, JANICE K	7050 TWIN EAGLE LANE	FT MYERS FL
<del>VD</del>	<del>ERWIN, JOHL L II</del>	<del>7001 GEORGIAN BAY CIRCLE #202</del>	<del>FT MYERS FL</del>
200003063172--3 -12/07/99--01058--018 ****158.75 ****158.75 <b>SP</b>			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<b>ERWIN, J L</b> <b>2212-D ANDREA LANE</b> <b>FT MYERS FL 33912</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City      State <b>FL</b> Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: *J. L. Erwin*      Date: **11-9-99**

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: *J. L. Erwin*      Date: **11-9-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

11-9-99

(2)

TO WHOM IT MAY CONCERN:

PLEASE NOTE YOU SENT THIS TO AN ADDRESS WE VACATED  
ALMOST A YEAR AGO, IT CAUGHT UP TO OUR PRESENT  
ADDRESS JUST RECENTLY.

MAKING ADDRESS CHANGES HAVE BEEN DONE ON THE  
APPLICATION PAGE. PLEASE MAKE THE ADDRESS CHANGES ON  
YOUR RECORDS. THANK YOU.

SINCERELY YOURS,

Lane Egan