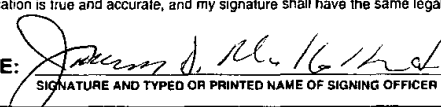


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Matthew E. Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC 12 PM 12:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 489539					
1. Corporation Name MIAMI CAR WASH INC.					
2. Principal Office Address 10550 BISCAYNE BLVD Suite, Apt. #, etc.		3. Mailing Office Address 10550 BISCAYNE BLVD Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/17/75	
City & State MIAMI, FL		City & State MIAMI, FL		5. FEI Number 59-1641632	
Zip 33138	Country DADE	Zip 33138	Country DADE	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name JIM MULHOLLAND		600004742748-7 -12/28/01--01054-008			
Street Address (P.O. Box Number is Not Acceptable) 10550 BISCAYNE BLVD		****300.00 ****300.00			
Suite, Apt. #, Etc.		LS			
City MIAMI		State FL	Zip Code 33138		
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		REGISTERED AGENT MUST SIGN		Date 12-10-01	
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	
PD	ISABEL MULHOLLAND	14621 SW 65 AVE		MIAMI FL 33158	
STD	JAMES MULHOLLAND	10550 BISCAYNE BLVD		MIAMI FL 33138	
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: 		Date 12-11-01		305-891-5889	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (8/99)