

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Governor Jeb Bush
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 NOV 22 AM 11:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000004898**
 1. Corporation Name
UNION JACK MOBILE CAR WASH, INC.

Principal Place of Business Mailing Address
~~2212-D ANDREA LANE FT MYERS FL 33912~~
7050 TWIN EAGLE LN. FT. MYERS, FL 33912
~~2212-D ANDREA LANE FT MYERS FL 33912~~
7050 TWIN EAGLE LN. FT. MYERS, FL. 33912



2. New Principal Office Address, If Applicable
7050 TWIN EAGLE LN.
 Suite, Apt. #, etc.
 City & State **FT. MYERS, FL**
 Zip **33912** Country **U.S.**

3. New Mailing Office Address, If Applicable
7050 TWIN EAGLE LN.
 Suite, Apt. #, etc.
 City & State **FT. MYERS, FL**
 Zip **33912** Country **U.S.**

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

5. FEI Number **42-1309031** Applied For Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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
VD	ERWIN, JOHL L II	7001 GEORGIAN BAY CIRCLE #202	FT MYERS FL

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 ****158.75 ****158.75
 SP

8. Name and Address of Current Registered Agent
ERWIN, J L
2212-D ANDREA LANE
FT MYERS FL 33912

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 Daytime Phone #

CR2E040 (8/99)

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,

Lance Egan