

APPLICATION
FOR
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUNSHINE WASH-LUBE AND REPAIRS, INC.

Mailing Address
1410 N BEACH ST
ORMOND BEACH FL 32174



REINSTATEMENT

05/10/1989

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SALERNO, FRANK	1410 NORTH BEACH ST.	ORMOND BEACH FL
			400002051944--9
			-01/09/97--01019--021
			****375.00 ****375.00
			9/10-97

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

Date 12/24/96

(See other side for information
on intangible tax.)

SIGNATURE:

is true and accurate, and my signature shall have the same legal effect as if made under oath.

Frank Salerno **FRANK SALERNO** Pres. 12/24/96 904 2583150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #