

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

2003 NOV 12 PM 1:24

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

1. DOCUMENT # L00000007601

Name and Mailing Address

0009299 01 AT 0.292 **AUTO T4 0 0615 33606-301016



NEIGHBORHOOD CAR WASH LIMITED COMPANY
916 1/2 S. OREGON
TAMPA FL 33606-3010



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/28/2000	
Principal Place of Business 6101 S DALE MABRY TAMPA FL 33614	3. New Principal Place of Business Address	6. FEI Number 59-3673488	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
POLO, LIONEL R 916 1/2 S. OREGON TAMPA FL 33606-3010	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	200024568362 11/10/03--01086--004 **150.00	
	City	FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Lionel R. Polo **REGISTERED AGENT MUST SIGN** Date NOVEMBER 5, 2003

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	POLO, LIONEL R	916 1/2 S. OREGON	TAMPA FL 33606-3010

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Lionel R. Polo Date 11/05/03 Daytime Phone # 813 251 5554

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)