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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — DIVISION OF CORPORATIONS

L01000008251

FILED
03 APR 23 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008251

Name and Mailing Address

0003633 01 FP 0.352 **PRSRT T1 0 0615 33328-530755

NATIONAL CARWASH & LUBE, L.L.C.
5555 SOUTH UNIVERSITY DR.
DAVIE FL 33328-5307

CR2E084 (8/02)

2. New Mailing Address: 5555 S. University Drive

City, State, Zip: Davie FL 33328

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 05/24/2001

Principal Place of Business: 5555 SOUTH UNIVERSITY DR. DAVIE FL 33328

3. New Principal Place of Business Address: SAME

City, State, Zip: SAME

6. FEI Number: 65-1106065 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: Guillermo Pujals

530 Gondolier Ave

City: Coral Gables ✓FL Zip Code: 33143

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: [signature] Date: 11/19/02

REGISTERED AGENT MUST SIGN

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	SODERMAN, PER J	5555 SOUTH UNIVERSITY DR.	DAVIE FL 33328
MGR	PUJALS, GUILLERMO	5555 SOUTH UNIVERSITY DR.	DAVIE FL 33328

800009229248
11/26/02--01084--011 **150.00

REINSTATEMENT 0203

800009229248
04/23/03--01053--002 **50.00

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: [signature] Date: 11/19/02 Daytime Phone #: (954) 680-7870

Typed or printed name of signing Managing Member/Manager