
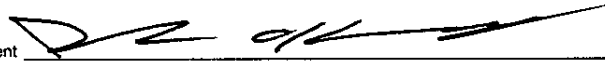
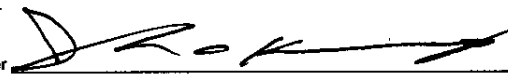


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L01000016521</b>			
<b>1. Limited Liability Company's Name</b> Sportless Car Wash LLC			
<b>2. Principal Office Address</b> 2910 W. Bay to Bay Blvd. Suite, Apt. #, etc. 200 City & State Tampa, FL Zip 33629 Country USA		<b>3. Mailing Office Address</b> 2910 W. Bay to Bay Blvd. Suite, Apt. #, etc. 200 City & State Tampa, FL Zip 33629 Country USA	
		<b>4. State/Country of Formation</b> Florida	
		<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/19/04	
		<b>6. FEI Number</b> 59-3749147	<b>Applied For</b> <input type="checkbox"/> Not Applicable
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>			
Name Joseph A. Kennedy			
Street Address (P.O. Box Number is Not Acceptable) 2910 W. Bay to Bay Blvd.			
Suite, Apt. #, Etc. Suite 200			
City Tampa		State FL	Zip Code 33629
<b>9.</b> 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  Date <b>November 1, 2004</b> REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Joseph A. Kennedy	2910 W. Bay to Bay Blvd.	Tampa, FL 33629
MEM	David A. Kennedy	2910 W. Bay to Bay Blvd.	Tampa, FL 33629
900042560399 11/08/04--01054--015 **150.00			
<b>REINSTATEMENT 2004</b>			
<b>11.</b> 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  Date <b>11/1/04</b> Daytime Phone # <b>(813) 221-7525</b> Typed or printed name of signing Managing Member/Manager <b>Joseph A. Kennedy</b>			

CR20041 (10/02)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA