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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L02000035065

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 22 PM 4:06

1. DOCUMENT # L02000035065

Name and Mailing Address

0014414 01 AT 0.292 **AUTO T2 0 0615 34105-300728

PLATINUM CAR WASH, LLC
2928 INDIGO BUSH WAY
NAPLES FL 34105-3007

LR 1/2/04

REINSTATEMENT 2003

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. ~~Date Organized or Qualified~~ To Do Business in Florida 12/30/2002

Principal Place of Business
2928 INDIGO BUSH WAY
NAPLES FL 34105

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number ☑ Applied For ☐ Not Applicable

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

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

LOTTES, KEVIN R ESQ
PORTER, WRIGHT, MORRIS & ARTHUR LLP
5801 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108-2709

9. Name and Address of New Registered Agent

Name: Mathew Ross

Street Address (P.O. Box Number is Not Acceptable): ~~Bonita Springs~~ 28630 N. DIESEL DRIVE

Bonita Springs FL Zip Code 34135

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

Signature of Registered Agent _____ SIGNATURE REQUIRED Date _____

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
CEO	Diane Lorasso	2928 INDIGO BUSH WAY	NAPLES FL 34105-3007
Pres.	Mathew L. Ross	~~P.O. BOX 1508~~ 28630 N DIESEL DR	BONITA SPRINGS FL 34133
	2003	600024760046	
	REINSTATEMENT	11/17/03--01089--012 **150.00	

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 remains corrected and 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 as 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 REQUIRED Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____