

NOV-22-2004 MON 10:37 AM

CRAIG D BLUME ATTORNEY

FAX No. 2394174840

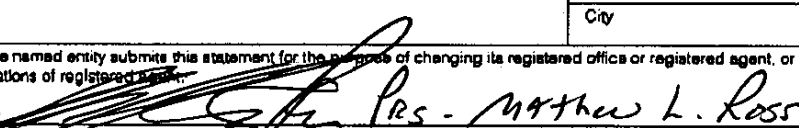
P. 002

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

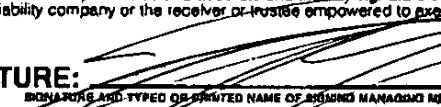
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000035065					
1. Entity Name PLATINUM CAR WASH, LLC					
Principal Place of Business 2928 INDIGO BUSH WAY NAPLES, FL 34105			Mailing Address 2928 INDIGO BUSH WAY NAPLES, FL 34105		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11212004 REIN-LLC CR2E101 (6/04)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSS, MATTHEW 28630 N. DIESEL DRIVE BONITA SPRINGS, FL 34135-2709				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  11/22/04 (NOTE: Registered Agent signatures required when reinstating)					
FILE NOW!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LOCASCIO, DIANE 2928 INDIGO BUSH WAY NAPLES, FL 341053007 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600043048736 11/29/04--01070--021 **\$0.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSS, MATTHEW L 28630 N. DIESEL DR BONITA SPRINGS, FL 34133 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____