

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**DOCUMENT # L03000017055**

1. Limited Liability Company's Name

Banana Joe's Car Wash LLC

**REINSTATEMENT** *04-09 RBM*

CR2E041 (10/08)

<b>2. Principal Office Address - No P.O. Box #</b> 211 S. Walnut St.		<b>3. Mailing Office Address</b> 211 S. Walnut St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Muncie, IN		City & State Muncie, IN	
Zip 47305	Country USA	Zip 47305	Country USA

<b>4. State/Country of Formation</b> FL/USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 5/13/2003	
<b>6. FEI Number</b> 72-1563572	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>			
Name Joseph E. Allardt, Jr			
Street Address (P.O. Box Number is Not Acceptable) 7150 Estero Blvd.			
Suite, Apt. #, Etc. #501			
City Fort Myers Beach		State FL	Zip Code 33931

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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

*Joseph E. Allardt Jr.*  
REGISTERED AGENT MUST SIGN

Date 5/28/2009

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Brian L. Allardt	7220 N Morrison Rd.	Muncie, IN 47304

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11. 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

*Brian L. Allardt*

Date 5/29/2009

Daytime Phone # 765/288-8493 ext 206

Typed or printed name of signing Managing Member/Manager Brian L. Allardt