

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 JAN 14 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 030000 35358

1. Corporation Name

Car Wash Emporium, LLC

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3501 N. Park Rd

3501 N. Park Road

City & State

City & State

Hollywood FL

Hollywood FL

Zip

Country

Zip

Country

33021

33021

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/2003

5. FEI Number

02-0706598

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ely Leuy

200041706238
01/13/05--01064--003 **150 00

Street Address (P.O. Box Number is Not Acceptable)

3501 N. Park Road

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1-10-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	Ely Leuy	3501 N. Park Road	Hollywood FL 33021
MGRM	Steven Santiago	9521 Sedgwood Dr	Maitland FL 32751

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-05

Daytime Phone #

954-326-9421

CR2E081 (01/04)