PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 OCT -9 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** L03911

1. Corporation Name

DOCTOR SPARKLE AUTO WASH, INC. NO. 2

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7969 Pines Blvd. | c/o Stuart G. Israelson |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | 20023 N.E. 30th Place |
| City & State | City & State |
| Pembroke Pines, FL | Aventura, FL 33180 |
| Zip / Country | Zip / Country |
| 33024 / US | / US |

4. Date Incorporated or Qualified To Do Business in Florida: 7/21/89

5. FEI Number: 65-0227083 ☐ 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: Peter M. Hodkin

Street Address (P.O. Box Number is Not Acceptable): One E.Broward Blvd.

Suite, Apt. #, Etc.: #1501

City: Fort Lauderdale, FL State: FL Zip Code: 33301

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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 X Peter M. Hodkin
REGISTERED AGENT MUST SIGN

Date 10/6/00

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 |
|---|---|---|---|
| DP | Stuart G.Israelson | 20023 N.E. 30th Place | Aventura, FL 33180 |
| DS | Thomas J. Carroll | 5672 Oakmont Avenue | Ft. Lauderdale, FL 33312 |
| AS | Peter M. Hodkin | One E. Broward Blvd. #1501 | Fort Lauderdale, FL 33301 |
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REINSTATEMENT 2000

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: X Peter M. Hodkin — Peter M. Hodkin — 10-6-00 — (954) 486-8100
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)