

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
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

Principal Place of Business

Mailing Address

790 PINES BLVD
PENSACOLA FL 33024
US

C/O STUART G. ISRAELSON
~~20023 N.E. 39TH PLACE~~
AVENTURA FL 33180
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/1989

5. FEI Number

65-0227083

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 07

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	ISRAELSON, STUART G	20023 N.E. 39TH PLACE 20023 NE 39TH PLACE	AVENTURA FL 33180
DS	CARROLL, THOMAS J	5672 OAKMONT AVE.	FORT LAUDERDALE FL 33312
AS	HODKIN, PETER M	ONE E. BROWARD BLVD., #1501	FORT LAUDERDALE FL 33301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HODKIN, PETER M
ONE E. BROWARD BLVD., #1501
FT LAUDERDALE FL 33301

Name
STUART G. ISRAELSON
Street Address (P.O. Box Number is Not Acceptable)
20023 NE 39TH PLACE
Suite, Apt. #, Etc.
City
AVENTURA
State
FL
Zip Code
33180

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/20/01

11. 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

Daytime Phone #

STUART G. ISRAELSON 11/20/01 (305) 937-3836

CR2ED40 (8/01)