

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L98000001535

1. Limited Liability Company's Name

International Auto Spa, L.C.

2. Principal Office Address

5201 Blue Lagoon Drive

3. Mailing Office Address

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami FL

City & State

Miami, FL

Zip

33126

Country

Zip

33126

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida 08/20/1998

6. FEI Number

65-0857141

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Steven Mishan, Esq., (Mishan, Sloto, Greenberg & Hellinger, P.A.)

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

200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

#3000

City

Miami

State
FL

Zip Code

33131

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***150.00 ***150.00

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

REGISTERED AGENT MUST SIGN

Date

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
Mgr	Jay T. Milich	2501 W. Sample Road	Pompano Beach, FL 33075
Membr	Jay T. Milich	2501 W. Sample Road	Pompano Beach, FL 33075

REINSTATEMENT

2000

U.S.R. 50.00
Rein 100.00
150.00
np

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

Date 11/19/01

Daytime Phone #

954-227-0120

Typed or printed name of signing Managing Member/Manager Jay T. Milich