

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L98000001535

02 DEC 10 PM 5:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L98000001535

Name and Mailing Address

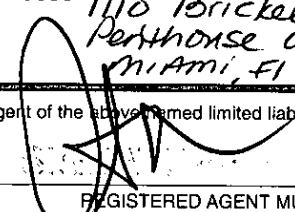
0001738 01 FP 0.352 **PRSR T6 0 0615 33126-206525



INTERNATIONAL AUTO SPA, L.C.
5201 BLUE LAGOON DRIVE, SUITE #100
MIAMI FL 33126-2065



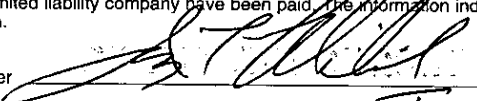
12/10 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5201 BLUE LAGOON DRIVE, SUITE #100 MIAMI FL 33126		5. Date Organized or Qualified To Do Business in Florida 08/20/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0857141	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent MISHAN, STEVEN MISHAN, SLOTO, ET AL. LAW OFFICES OF 200 S. BISCAYNE BLVD. #3000 STEVEN MISHAN, P.A. MIAMI FL 33131 1110 Brickell Ave Penthouse One MIAMI, FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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  Date REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MILICH, JAY T	2501 W. SAMPLE ROAD	POMPANO BEACH FL 33075
MGR	MILICH, JAY T	2501 W. SAMPLE ROAD	POMPANO BEACH FL 33075
700009440287 12/10/02--01077--004 **150.00			

CR2E084 (8/02)

12. 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

Daytime Phone #

954-254-2919

Typed or printed name of signing Managing Member/Manager

Jay T. Milich