

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -4 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L98000001535

Name and Mailing Address

0005736 01 AT 0.292 **AUTO T3 0 0615 33126-206525



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

MJH



44

2. New Mailing Address <u>1360 N. State Rd 7</u>		4. State/Country of Formation FL	
City, State, Zip <u>Lauderhill, FL 33313</u>		5. Date Organized or Qualified To Do Business in Florida 08/20/1998	
Principal Place of Business <u>5201 BLUE LAGOON DRIVE, SUITE #100</u> <u>MIAMI FL 33126</u>	3. New Principal Place of Business Address <u>1360 N. State Rd 7</u> City, State, Zip <u>Lauderhill, FL 33313</u>		6. FEI Number 65-0857141
		Applied For <input type="checkbox"/> 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 LAW OFFICES OF STEVEN MISHAN, P.A. 1110 BRICKELL AVE., PENTHOUSE ONE MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) City State Zip Code	
		000039870960 08/04/04--01054--005--**200.00 FL	

10. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Steven Mishan Date 07/28/04

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 <u>1360 N State Rd 7</u>	POMPANO BEACH FL 33075 <u>Lauderhill, FL 33313</u>
MGR	MILICH, JAY T	2501 W. SAMPLE ROAD <u>1360 N State Rd 7</u>	POMPANO BEACH FL 33075 <u>Lauderhill, FL 33313</u>
2003-			
REINSTATEMENT 2004			

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 was not a termination, 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 T. J. Milich Date 7/28/04 Daytime Phone # 954-254-2919

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

CR2E084 (7/03)