

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 18 AM 8:53

DOCUMENT #

M 65164

1. Corporation Name

BROWARD MOBILE POWER  
WASH INC

2. Principal Office Address

3560 N.W. 120th WAY

Suite, Apt. #, etc.

3. Mailing Office Address

3560 N.W. 120th WAY

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

Zip

33323

Country

Zip

33323

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

00

11/19/88

SP

5. FEI Number

65-0034320

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

JOEL SCOTT

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

3560 N.W. 120th WAY

Suite, Apt. #, Etc.

0000

City

SUNRISE FL

State  
FL

Zip Code

33320

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\*\*\*\*900.00 \*\*\*\*900.00

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

JOEL SCOTT

REGISTERED AGENT MUST SIGN

Date 9/17/01

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
PRUS	JOEL SCOTT	3560 N.W. 120th WAY	SUNRISE FL 33320
V-P	JOSEPH SCOTT	3560 N.W. 120th WAY	SUNRISE FL 33320

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:

JOSEPH SCOTT

JOSEPH SCOTT

9/17/01

954-493-5297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #