

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

ATX1

\$300.00

02 MAY -3 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

CORPORATION
REINSTATEMENT

DOCUMENT # P00000053236

1. Corporation Name

THUNDER BAY CARWASH INC

2. Principal Office Address

493 N. FERDON BLVD

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

Zip

32539

Country

OKALOOSA

3. Mailing Office Address

493 N. FERDON BLVD

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

Zip

32539

Country

OKLOOSA

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/2000

5. FEI Number

59-3656458

Applied for

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

100005507491--7

-05/14/02--01001--013

****600.00 ****300.00

7. Name and Address of Current Registered Agent

Name

FACKLER, MICHAEL H.

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

1305 JEFFERY SCOTT

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32536

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

REGISTERED AGENT MUST SIGN

Date

4-30-02

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 / Street / Zip
P	FACKLER, MARTA E.	1305 JEFFERY SCOTT	CRESTVIEW, FL 32536
V	FACKLER, MICHAEL H. JR	1305 JEFFERY SCOTT	CRESTVIEW, FL 32536
ST	FACKLER, MICHAEL H.	1305 JEFFERY SCOTT	CRESTVIEW, FL 32536

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL H. FACKLER

Date

4-30-02

(850) 689-1442

Daytime Phone #