

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -3 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053236

1. Corporation Name

THUNDER BAY CARWASH INC

REINSTATEMENT 03-04

2. Principal Office Address 493 N. FERDON BLVD		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CRESTVIEW, FL		City & State	
Zip 32536	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 6/1/2000	
5. FEI Number 59-3603511	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$375 Additional Fee required for a Certificate of Status	

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 Zip Code FL 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 *Michael H. Fackler* Date **2-4-04**
REGISTERED AGENT MUST SIGN

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
P	FACKLER, MARTA E	1305 JEFFERY SCOTT	CRESTVIEW, FL 32536
V	FACKLER, MICHAEL H JR	1305 JEFFERY SCOTT	CRESTVIEW, FL 32536
S/T	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: *Michael H. Fackler* **Michael H. Fackler S/T** **2-4-04** **(850) 689-1442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

February 4, 2004

Florida Department of State
Division of Corporations
Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I did not receive 2001 UBR for Thunder Bay Car Wash Inc. and would respectfully request the late fees waived.

Sincerely,



Thunder Bay Car Wash