

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Matthew J. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000056465

1. Corporation Name

WILTON MANORS CAR WASH, INC.

Principal Place of Business

463 SOUTHEAST 11TH TERRACE  
DANIA BEACH FL 33004

Mailing Address

463 SOUTHEAST 11TH TERRACE  
DANIA BEACH FL 33004

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3913 NE 21ST AVE

Suite, Apt. #, etc.

# 2

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. New Mailing Office Address, If Applicable

3913 NE 21ST AVE

Suite, Apt. #, etc.

# 2

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/2000

5. FEI Number

05-1019036

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SMITH, STEPHEN P	103 SEDGWICK DRIVE	SYRACUSE NY 13203
D	SMITH, STEPHEN P JR.	463 SOUTHEAST 11TH TERRACE	DANIA BEACH FL 33004

8. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name  
Stephen P. Smith, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
3913 NE 21ST AVENUE # 2  
Suite, Apt. #, Etc.  
# 2  
City  
Ft. Lauderdale  
State  
FL  
Zip Code  
33308

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Stephen P. Smith, Jr.*

REGISTERED AGENT MUST SIGN

Date

12/4/01

11. 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:

*Stephen P. Smith, Jr., Dir*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/01 (954) 448 2566

Daytime Phone #

CR2E040 (8/01)