

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 JAN 22 AM 11:28

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 000000 61543

1. Corporation Name

CHI-TOWN CAR WASH, INC.

000027624250
01/27/04--01001--021 **150.00

REINSTATEMENT 02-04

2. Principal Office Address 1109 Chetford Dr.		3. Mailing Office Address 1109 Chetford Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lexington, KY		City & State Lexington, KY	
Zip 40509	Country USA	Zip 40509	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: PETER H CARNEY

Street Address (P.O. Box Number is Not Acceptable): 901 George Bush Blvd

Suite, Apt. #, Etc.

City: DELRAY BEACH

State: FL Zip Code: 33483

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: *Peter H Carney* Date: 1/20/04

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
PTD	JAMES L. OTTOLIN	1109 Chetford Dr	Lexington KY 40509
VD	William R. Ballard	3609 Shandwick Place	Birmingham, AL 35242

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: *William R. Ballard* / William R. Ballard Date: 1/7/04 Daytime Phone #: 205-790-3663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)