

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 MAR 10 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILING CANCELLED  
RETURNED CHECK

DOCUMENT # P00000089888

1. Corporation Name

Miami Dolores Car Wash Corp.

2. Principal Office Address - No P.O. Box #

1100 Alibaca Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

3500 NW 183 ST

Suite, Apt. #, etc.

City & State

ORJ-LOCKE Florida

City & State

Miami Florida

Zip

33054

Country

Miami-Dade

Zip

33056

Country

Miami-Dade

7. Name and Address of Current Registered Agent

Name Pablo Valera

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

3500 NW 183 ST

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code  
33056

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2/6/10

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	Pablo Valera	3500 NW 183 Str.	Miami, FL 33056

*[Handwritten mark]*

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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

*[Signature]*

Date

Daytime Phone #

900171740219  
03/10/10--01025--008 \*\*450.00  
CR2E081 (11/09)  
**REINSTATEMENT** 08-10  
1. State Incorporated or Qualified To Do Business in Florida  
5. FEI Number 65-1040900 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status