

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000098892**

1. Corporation Name

COAST TO COAST CAR WASH SYSTEMS, INC.

Principal Place of Business

WILSHIRE
1717 WILSHIRE VILLAGE DR.
WELLINGTON FL 33414

Mailing Address

WILSHIRE
1717 WILSHIRE VILLAGE DR.
WELLINGTON FL 33414

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2000

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ALEXANDER, JEFF DANA R	1717 WILSHIRE VILLAGE DR.	WELLINGTON FL 33414
			9000004745549--9
			-12/31/01--01083--011
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

BRODY, ROBERT
1717 WILSHIRE VILLAGE DR.
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name
DANA R. Alexander
Street Address (P.O. Box Number is Not Acceptable)
1717 WILSHIRE VILLAGE DR.
Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

REGISTERED AGENT MUST SIGN

Date

12-06-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-06-01

Daytime Phone #

561-784-7092

CR2E040 (8/01)



Sales, Supplies, Service

Dept. of State Corporations
Reinstatement Section
Tallahassee, FL 32314

Dear Director,

We are writing this letter to inform you that we never received notification that a filing was due. It is possible that the wrong address was on our application. We ask you to accept our check and reinstate us immediately. If you have any further questions please don't hesitate to contact me at the numbers 561-784-7092 or fax 561-784-7093.

Sincerely,

A handwritten signature in black ink, appearing to read "Dana R. Alexander".

Dana R. Alexander
President

Coast to Coast Car Wash Systems, Inc.

P.O. Box 540491 • Greenacres, FL 33454 • Office (561) 784-7092 • Fax (561) 784-7093 • email: coasttocoastfl@aol.com