

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 7:58

DOCUMENT # P01000004008

1. Corporation Name

JALLO WASH & LUBE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009769226
12/31/02--01057--006 **750.00



REINSTATEMENT 02

Principal Place of Business

Mailing Address

~~31608 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684~~

~~31608 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684~~

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

2. New Principal Office Address, If Applicable

12221 W. Hillsborough Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12221 W. Hillsborough Ave.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2001

5. FEI Number

59-3691719

Applied For

Not Applicable

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33635

Country

US

Zip

33635

Country

US

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/p	JALLO, PAUL	12221 W. Hillsborough Ave. 12221 W. Hillsborough Ave.	JAMESBURG, NJ 08831 Tampa, FL 33635
D/VP	GEORGE JALO	12221 W. Hillsborough Ave.	Tampa, FL 33635
D/S/T	GUS ASSIA	12221 W. Hillsborough Ave.	Tampa, FL 33635

8. Name and Address of Current Registered Agent

LONG, DENNIS R
31608 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

Name

PAUL JALLO

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

12221 W. Hillsborough Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33635

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 12-30-02

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 REQUIRED~~
PAUL JALLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-02

Date

Daytime Phone #

CR2E040 (8/02)