

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 -2 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # - P01000088053

1. Corporation Name

FLORIDA CAR WASH SYSTEMS, INC.

Principal Place of Business

4292 PARADISE CIRCLE
HERNANDO BEACH FL 34607

Mailing Address

PO BOX 599
ARIPEKA FL 34679



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

2. New Principal Office Address, If Applicable

13499 Chambord ST.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

13499 Chambord ST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2001

5. FEI Number

59-3742976

Applied For

Not Applicable

City & State

Brooksville, Florida

City & State

Brooksville, Florida

Zip

34613

Country

Zip

34613

Country

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
P	TACY, JAMES E JR.	4294 PARADISE CIRCLE	HERNANDO BEACH FL 34607

900009291599
12/02/02--01033--001 **150.00

8. Name and Address of Current Registered Agent

TACY, VIRGINIA C
4294 PARADISE CIRCLE
HERNANDO BEACH FL 34607

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 Virginia C Tacy **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11-22-02

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: Virginia C Tacy **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-02 352-591-5487

Date Daytime Phone #

CR2E040 (8/02)

FLORIDA CAR WASH SYSTEMS, INC.

November 26, 2002

Jim Smith
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

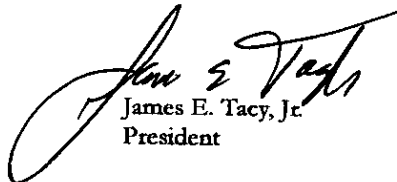
Dear Sir :

Enclosed is our company check in the amount of \$150.00 for the annual fee for the annual business report.

I am requesting that you waive the reinstatement fee of \$600.00 on a one time basis for this our initial report. I do not know why this report was not filed timely, but I think it was caused by our office move.

Thank you for your consideration in the matter.

Sincerely,



James E. Tacy, Jr.
President