

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -9 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000115219*

1. Corporation Name

Reflections Self Service Car Wash, Inc.

3705 Doctors Lake Drive
3705 Doctors Lake Drive

2. Principal Office Address

3705 Doctors Lake Drive

3. Mailing Office Address

3705 Doctors Lake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32065

Country

Zip

32065

Country

REINSTATEMENT *03-04*

4. Date Incorporated or Qualified
To Do Business in Florida 12/06/2001

5. FEI Number
593747592

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Samuel DeLucca

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

3705 Doctors Lake Dr.

Suite, Apt. #, Etc.

City

Orange Park,

State
FL

Zip Code
32065

500040873135
09/08/04--01070--002 **300.00

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

Samuel DeLucca

Date 8-16-2004

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
P, D	Samuel DeLucca	3705 Doctors Lake Dr.	Orange Park, FL 32065

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:

Samuel DeLucca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-04

Date

904-993-3905

Daytime Phone #

CR2E061 (01/04)

2082

August 16, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement

Dear Secretary;

I have looked high and low for any information concerning the Annual Report for the year 2003. I have no record of receiving this and therefore could not file same. I am enclosing a check to cover the Annual Report for last year. If I need to do anything else please call me at 904-993-3905. Thank you.

Sincerely,



Samuel DeLucca