PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| 1 Comerc | tion Nama | | 02-000 | | | | | | | • | • | | |
| Krye | stal K | leer | nCar W | ash, I | <u></u> ሊይ፣ | , | · • | 10/0 | 000, 3/03 | 2955 01089 | 4636 002 **1 | 3 50.00 | ſ |
| 2. Principal Office Address 3. Mailing | | | | Office Address | | | RETAIN | CTA | TE KAR | | A > | | |
| 1055 Rolling Acres Dr. Suite, Apt. #, etc. | | | | 1055 Rolling Acres Dr. Suite, Apt. #, etc. | | | | REINSTATEIVENT 3 | | | | | 7 7 |
| City & State | | | | City & State | City & State | | | | To Do Business in Florida 2/19/2002 | | | | |
| Del | and F | - L | | Deland, FL | | | | 5. FEI Number Applied For '75-3052388 Not Applicable | | | | | 1 |
| Zip | <i>'</i> | Country | | Zip | K U J | Country | | 6. | 052: | 58 <i>8</i> | | Not Applicable | |
| 32- | 720 | U 5 | <u>A</u> | 327 | 20_ | USA | | CERTIFICAT | E OF STATUS | DESIRED [| | ate of Status | |
| | Name Michael Edward Simonds Street Address (P.O. Box Number is Not Acceptable) 1055 Rolling Acres Drive Suite, Apt. #, Etc. City D-cLand State Zip Code FL 32720 | | | | | | | | | | | <i>_</i> (| |
| 8. I, being | appointed the | registere | agent of the ab | ove named corp | oration, am f | amiliar with and | accept the ol | bligations of sec | tion 607.050 | 5 or 617.0503, | F.S. | | (10/02 |
| Signature of Registered / | | like | R | EGISTERED AG | SENT MUST | SIGN | | | Date _ | 295ep | t 200° | 3 | CR2E081 (10/02 |
| 9. Names | and Street A | idresses c | of Each Officer an | d/or Director (FI | orida nonpro | fit corporations | must list at le | ast 3 directors) | | | | | |
| Titles | Name of Officers and/or Directors | | | S | Street Address of Each Officer and/or Director | | | | City / State / Zip | | | | |
| Prasi VP Sucyl | Michael Edward Simond | | | monds | 1055 Rolling Acres Dr. 1055 Rolling Acres Dr. | | | Δr. | DeLand, FL 32720 DeLand, FL 32720 | | | | |
| Treas | J8_A. | 1.n.S | simond | S | 1055 | Rolling | Acres | Dr. | Del | and, Fl | 327 | 20 | |
| | ····· | | | · - - | | ·· | - , -, | | | | | | |
| this rein | statement ap y the corporat | plication, t ion have b | irector or the rece he reason for dis- een paid and the ocurate, and my s | solution has bee names of indivi | n eliminated Juais listed o | the corporate r n this form do r | name satisfies not qualify for a | the requirement an exemption un | s of section (| 307.0401 or 61 | 7.0401, F.S., th | nat all fees | |
| SIGNAT | | U Jo | AND TYPED OR PE | P M' | | MOM ds | TOR | 295 | Pt 20 | 03 3 | 86,73, | <u>8, 312</u> 0 | |

Krystal Kleen Car Wash, Inc.

September 29, 2003

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

To whom it may concern:

2003 AR

During the state tax application process on September 26, 2003, it was noted that Krystal Kleen Car Wash, Inc. was inactive for administrative dissolution for annual report. The annual report for Krystal Kleen Car Wash was not received, therefore it is requested that the \$600 reinstatement fee be waived. Dissolution of the corporation occurred on September 19 without any notification to Krystal Kleen Car Wash, Inc. at 1055 Rolling Acres Drive in DeLand, Florida.

Your assistance is appreciated in a swift resolution of this matter and reinstatement of Krystal Kleen Car Wash; Inc. as a corporation. Enclosed are the annual \$150 fee and the Corporation Reinstatement Form. If you have any further questions, please contact Mike or Jo Ann Simonds at the following numbers:

Jo Ann

| Mike ^{, j} | | |
|---------------------|--|--|
| міке | | |
| | | |

Home 386.736.3745 Home 386.736.3745

Work 386.738.8120 Work 386.738.8164

.Cell 386.801.6561 Cell 386.801.0889

Sincerely,

Mike Simonds President

Enclosure: Corporation Reinstatement Form & Check

Keep your car Krystal Kleen!