

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 28 PH 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000037484

1. Corporation Name

Slippers Nicks Auto Wash Inc

2. Principal Office Address

860 Pinellas Bayway

Suite, Apt. #, etc.

City & State

Tierrra Verde, FL

Zip

33715

Country

Pinellas

3. Mailing Office Address

860 Pinellas Bayway

Suite, Apt. #, etc.

City & State

Tierrra Verde, FL

Zip

33715

Country

Pinellas

06/08/04 01001 017 \$758.75 - \$300.00
03/31/03 90289 020 \$150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

01-0672082

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

Nicholas Dorich

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

860 Pinellas Bayway

Suite, Apt. #, Etc.

Tierrra Verde, FL

City

Tierrra Verde, FL

State

FL

Zip Code

33715

300054200000

05/10/05--01046--001 **\$150.00

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

[Signature]

Date 4-24-05

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
Pres	Nicholas Dorich	860 Pinellas Bayway	Tierrra Verde FL 33715

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-05

Date

727-421-9947

Daytime Phone #

CR2E081 (01/05)