

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
04 DEC 10 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 702000052737

1. Corporation Name

Soft+ Touch Auto Spa, Inc.

2. Principal Office Address

400 N.W. Ave. L

Suite, Apt. #, etc.

3. Mailing Office Address

1190 N.W. 16<sup>th</sup> St.

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Belle Glade, FL

Zip

33430

Country

USA

Zip

33430

Country

USA

REINSTATEMENT 04

4. Date Incorporated or Qualified  
To Do Business in Florida

02-13-02

5. FEI Number

02-0591698

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

Barton T. Perryman

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

1190 N.W. 16<sup>th</sup> St.

Suite, Apt. #, Etc.

City

Belle Glade

State

FL

Zip Code

33430

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

Date 12/9/04

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	Barton T. Perryman	1190 N.W. 16 <sup>th</sup> St.	Belle Glade, FL 33430

000043338779  
12/10/04--01035--008 \*\*300.00

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:

Barton T. Perryman

12/9/04

Date

561-996-6100

Daytime Phone #

CRS001 (01/04)

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Soft Touch Auto Spa, Inc.  
1190 N.W. 16<sup>th</sup> St.  
Belle Glade, FL 33430  
561-996-6100

December 9, 2004

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

To Whom It May Concern:

Enclosed please find the Corporation Reinstatement Report for Soft Touch Auto Spa, Inc. Soft Touch Auto Spa is a car wash and there is no one there nor is there a mailbox. All mail and correspondence for Soft Touch should go to 1190 N.W. 16<sup>th</sup> St., Belle Glade, FL 33430. Due to this fact, the Report for 2003 was never received.

I am enclosing a check in the amount of \$300.00 for the 2003 & 2004 Annual Reports. Please wave the reinstatement fee for this corporation.

We appreciate your assistance in this matter.

Sincerely,

  
Barton T. Perryman  
Soft Touch Auto Spa, Inc., President