PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 29 AM 10:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000118742

1. Corporation Name

KING'S AUTO SPA, INC.

Principal Place of Business: ~~11040 MAHOGANY RUN FT. MYERS FL 33913~~ 12078 Hidden Links Drive Ft. Myers, Florida 33913

Mailing Address: ~~11040 MAHOGANY RUN FT. MYERS FL 33913~~

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
12078 Hidden Links Drive	12078 Hidden Link Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers FLA	City & State: Ft. Myers FLA
Zip: 33913 Country: USA	Zip: 33913 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/05/2002

5. FEI Number: 20-0386606 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CAMBRON, JOSEPH	~~15 CULLEN LANE~~ 12078 Hidden Link Drive	~~MIDDLE ISLAND NY 11953~~ Ft. Myers FLA 33913
D	CAMBRON, CAROL	~~15 CULLEN LANE~~ 12078 Hidden Link Drive	~~MIDDLE ISLAND NY 11953~~ Ft. Myers, FLA 33913
		100025810631 12/29/03--01038--024 **758.75	

8. Name and Address of Current Registered Agent

LUMSDEN, DENNIS J.
8719 WINKLER RD., STE. 121
FT. MYERS FL 33919

9. Name and Address of New Registered Agent

Name: JOSEPH CAMBRON
Street Address (P.O. Box Number is Not Acceptable): 12078 HIDDEN LINK DRIVE
Suite, Apt. #, Etc.:
City: Ft. Myers State: FL Zip Code: 33913

CR2E040 (7/03)

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: Joseph Cambron JOE CAMBRON REGISTERED AGENT MUST SIGN Date: 11-13-03

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: Joseph Cambron JOE CAMBRON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11-13-03 Daytime Phone #

0115436 AT