## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000005  1. Entity Name	589		
WASH N GO, INC.			
Principal Place of Business	Mailing Address		REINSTATEMENT 05
727 E 22ND ST	727 E 22ND ST		REIND WIFTHE
HIALEAH, FL 33013	HIALEAH, FL 33013		NOV. O. O. O.
			T Roberts NIV 2 3 40
2. Principal Place of Business	3. Mailing Address	31 .0	
11200 SW 158th St	11200520	1584 St	F INDIFERENT THE DESTREE WITH ARREST COURS AND COURS BY AND LOUIS
Suite, Apt. #, etc.	Suite, Apt. #, etc.		11182005 REIN-P CR2E098 (6/04)
City & State ,	City & State		4. FEI Number Applied For
Mioni, FL	Mioria F		03-0501511 Not Applicable
Zip Country A	Zip	Country A	5 Cartificate of Status Desired Status Desired Status Desired
33151 USA _	33157-	-USA-	Fee Hequired
6. Name and Address of Current	Hegistered Agent	Name	7. Name and Address of New Registered Agent
CORTES, HEBER			
727 E 22ND ST Street Add			ess (P.O. Box Number is Not Acceptable)
HIALEAH, FL 33013			TA SE 95
/ N		City	Ei Zizcode
A	4		
8. The above namedebity suffnit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of edistered agent.			
SE OF IT			
SIGNATURE Signature, hydrof or prije 3 name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating) DATE
V (V)			8:
FILE (IOWIII FEE IS \$750.00 After January 1, 2006, Fee will be \$900.0			DR 4: 5
After January 1, 2006, Fee Will be \$900.0	0		Qr. 7
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD CORTES, HEBER	☐ Delete	TITLE P.	Change Addition
STREET ADDRESS 727 E 22ND ST		STREET ADDRESS	200 SW 158 L ST
CITY-ST-ZIP HIALEAH, FL 33013		CITY-ST-ZIP	Midin, FL 33157
TITLE	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS:		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TT Pelas	NAME	
STREET ADDRESS		STREET ADDRESS	500061731115 11/28/0501059006 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	<del></del>
TITEE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME CIRECT ADDRESS		NAME STREET ADDRESS	
STREET ADDRESS CITY-SI-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information of with	this filing does not qualify for the	a everyntion stated i	n Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this report or supplemental eports	true and accurate and that my	signature shall have required by Chapter	the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
changed, or on an attachment with all alidress,	ith all other like empowered.		
SIGNATURE:			
SIGNATURE VINDE PPED OR P	RINTED NAME OF SIGNING OFFICER OF	DIRECTOR	Date Daytime Phone #
			· · · · · · · · · · · · · · · · · · ·

November 18, 2005

Florida Department of State Division of Corporations Annual Report & Reinstatement P.O. Box 6327 Tallahassee, FL 32314

Ref: Doc#P0300005589 Wash-N-Go, Inc.

Dear Representative,

During telephone conversation with the Reinstatement Department (1-850-245-6059) they instructed me to write you this letter detailing our concern. We mailed the 2005 Annual Report back in April 2005 together with check #2033 for the amount of \$150.00.

Because of all the hurricanes and extreme weather conditions in our area I did not think twice about the delay to cash my check. But going into the Sunbiz.org website I noticed the company status to be "Inactive".

Attached please find a substitute check for the fee of \$150.00.

I would like to request the reinstatement of my company to be effective and the additional charges that might seem to apply to be waived. I appreciate your help and understanding in this situation.

Wash N Go, Inc.