

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000047377

FILED
Oct 29, 2009
Secretary of State

Entity Name: SPACE COAST CAR WASH, INC.

Current Principal Place of Business:

4380 NORTH U.S. 1
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

PO BOX 2332
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 27-0057172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PICHELMAN, SEAN
2504 S ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32170 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SEAN PICHELMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: PICHELMAN, SEAN
Address: PO BOX 2332
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: PVP () Delete
Name: PICHELMAN, SEAN
Address: PO BOX 2332
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: ST () Delete
Name: PICHELMAN, JESSICA
Address: PO BOX 2332
City-St-Zip: NEW SMYRNA BEACH, FL 32170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PICHELMAN, JESSICA
Address: PO BOX 2332
City-St-Zip: NEW SMYRNA BEACH, FL 32170

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN PICHELMAN

P

10/29/2009

Electronic Signature of Signing Officer or Director

Date