

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000106958 1. Entity Name FIRST COAST MOBILE CAR WASHING, INC.		 <div style="text-align: right;"> FILED 05 JUL 19 PM 1:07 SECRETARY OF STATE TALLAHASSEE, FL </div>	
Principal Place of Business 7642 DALEHURST DRIVE SOUTH JACKSONVILLE, FL 32277		Mailing Address 7642 DALEHURST DRIVE SOUTH JACKSONVILLE, FL 32277	
2. Principal Place of Business 7511 Lauderdale Dr. N. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 11752 Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32277		City & State Jacksonville, FL Zip 32239	
4. FEI Number 57-1188797		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, ALLISON MRS. 7642 DALEHURST DRIVE SOUTH JACKSONVILLE, FL 32277		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Allison Moore</i></u> 7-6-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOORE, ALLISON MRS. 7642 DALEHURST DRIVE SOUTH JACKSONVILLE, FL 32277	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Moore, Allison Mrs. 7511 Lauderdale Dr. N. Jacksonville, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4000573084 14 07/12/05--01003--002 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8000573085 08 07/12/05--01003--003 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Allison Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7-6-05</u> <small>Daytime Phone #</small>	