

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000115236

1. Entity Name:
CAR WASH III CONSULTING, INC.

FILED

07 MAY -7 PM 3:51

Principal Place of Business:

9444 NW 46 ST.
SUNRISE, FL 33351

Mailing Address:

9444 NW 46 ST.
SUNRISE, FL 33351

2. Principal Place of Business No P.O. Box #

14999 SW 41 ST
Davie, FL

3. Mailing Address

14999 SW 41 ST
Davie, FL

City & State:

City & State:

33331

Country:

33331

Country:

6. Name and Address of Current Registered Agent

POMERANTZ, ALAN
9444 NW 46 ST.
SUNRISE, FL 33351

Name:

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

14999 SW 41 ST
DAVIE

City:

FL 33331

8. The undersigned hereby certifies that the 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:

Signature typed or printed name of individual or entity (not required)

(NOTE: Registered Agent signature required when reinstating)

DATE:

5-2-07

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

TITLE	TPD	☒ Delete
NAME	SHNIDER, ARLINE	
STREET ADDRESS	9444 NW 46 ST.	
CITY, ST, ZIP	SUNRISE, FL 33351	

TITLE	VP	☐ Delete
NAME	STEIN, HARVEY	
STREET ADDRESS	2843 FLEMINGWAY	
CITY, ST, ZIP	MONTGOMERY, TX 77356	

TITLE	TSOT	☒ Delete
NAME	SHNIDER, ARLINE	
STREET ADDRESS	9444 NW 46 ST.	
CITY, ST, ZIP	SUNRISE, FL 33351	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	RONALD SHNIDER	
STREET ADDRESS	11100 RED HAWK RD	
CITY, ST, ZIP	PLANTATION FL 33321	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		☒ Change ☐ Addition
NAME	RONALD SHNIDER	
STREET ADDRESS	11100 RED HAWK RD	
CITY, ST, ZIP	PLANTATION FL 33321	

TITLE	VP	☐ Change ☒ Addition
NAME	ALAN POMERANTZ	
STREET ADDRESS	14999 SW 41 ST	
CITY, ST, ZIP	DAVIE FL 33331	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 appointed to examine 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 affidavit sworn to under the oath provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL AND DIRECTOR

DATE:

Typed Name:

5-2-07

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