PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
13 JAN 13 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000076218

1. Corporation Name

FLORIDA AUTO SPA,INC.

REINSTATEMENT 12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11861 SW 12 PL	11861 SW 12 PL
State, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE,FL	City & State: DAVIE,FL
Zip: 33325 Country: BROWARD	Zip: 33325 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 05/11/2004

5. FEI NUMBER: 510508152 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: EDUARDO J REYES

Street Address (P.O. BOX NUMBER is Not Acceptable): 11861 SW 12 PL

Suite, Apt. #, etc.

City: DAVIE State: FL Zip Code: 33325

100243813361
01/18/13--01013--007 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 01/13/13
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EDUARDO J REYES	11861 SW 12 PL	DAVIE.FL,33325

10. E-mail Address: info@pbstaxcenter.com / rosa_edu26@hotmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 01/13/13
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEB 20 2013

A. DUNLAP