

P04000110350

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 20 PM 2:21

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2005-2008

DOCUMENT # P04000110350

1. Corporation Name

Bubble Bubble Mobile Carwash.  
CORP.

300129906663

05/21/08--01002--001 \*\*\$15.00

05/21/08--01002--003 \*\*\$150.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

2500 PARKVIEW DR.

3. Mailing Office Address

4618 MUSTANG CR 900

Suite, Apt. #, etc.

#2103

Suite, Apt. #, etc.

City & State HALLANDALE, FL

City & State MANUEL TX 77578

Zip 33009

Country US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2004

5. FEI Number 655612548

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 KARINA MECOZZI

Street Address (P.O. Box Number is Not Acceptable)  
2500 PARKVIEW DR. #2103

Suite, Apt. #, Etc.

City HALLANDALE

FL

State FL

Zip Code 33009

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 KARINA MECOZZI Kounobucopp  
REGISTERED AGENT MUST SIGN

Date 05-16-08

**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
	FACUNDO M. MECOZZI	4618 MUSTANG CR 900	MANUEL, TX 77578
	KARINA MECOZZI	4618 MUSTANG CR 900	MANUEL, TX 77578

1442  
5/20/08

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kounobucopp KARINA MECOZZI

05-16-08

3054316229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #