2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000025335

1. Entity Name
CAR WASH II CONSULTING, INC.

FILED
07 MAY -7 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9444 NW 46TH STREET
SUNRISE, FL 33351

Mailing Address
9444 NW 46TH STREET
SUNRISE, FL 33351

2. Principal Place of Business - No P.O. Box #
14999 SW 41 St
Suite, Apt. #, etc.
City & State: Davie Fl
Zip: 33331 Country

3. Mailing Address
14999 SW 41 St
Suite, Apt. #, etc.
City & State: Davie Fl
Zip: 33331 Country

042 REINSTATEMENT (1/07) 06.07

4. FEI Number: 20-3113079 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POMERANTZ, ALLAN
9444 NW 46TH STREET
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 14999 SW 41 ST

City: Davie FL Zip Code: 33331

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 [signature] Date: 5-2-07

(NOTE: Registered Agent signature required when reinstating)

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	PD CURRY, DICK 1361 CONANT COURT MAUMEE, OH 43537 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100103285971 05/25/07--01020--011 **308.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SARA, MARVIN T 3455 PERAL DRIVE MONROE, MI 48162 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD POMERANTZ, ALLAN 9444 NW 46TH STREET SUNRISE, FL 33351 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Allan Pomerantz D 14999 SW 41 ST Davie Fl 33331 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AR 5/16 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: [signature] Date: 5-2-07 Daytime Phone #: 9543475935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR