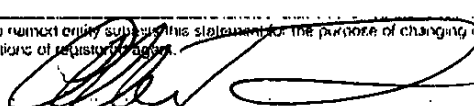
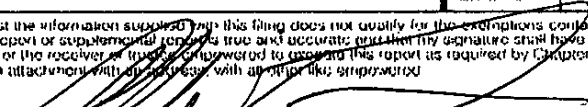


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000025335			
1. Filing Name: CAR WASH II CONSULTING, INC.			
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 State, Apt. #, etc.		3. Mailing Address: 14999 SW 41 ST State, Apt. #, etc.	
City & State: Davie FL Zip: 33331		City & State: Davie FL Zip: 33331	
4. FCI Number: 20-3113079		Applied For: Not Applicable	
5. Certificate of Status Desired: ☐ REINSTATEMENT		Additional Fee Required: \$8.75	
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 Applicable): 14999 SW 41 ST City: Davie FL Zip: 33331	
8. The above information is submitted for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.			
SIGNATURE: 		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME CURRY, DICK STREET ADDRESS 1361 CONANT COURT CITY-STATE MAUMELLE, OH 43537	☐ Delete	NAME CURRY, DICK STREET ADDRESS 1361 CONANT COURT CITY-STATE MAUMELLE, OH 43537	☐ Change ☐ Addition
NAME SAHA, MARVIN T STREET ADDRESS 3455 PERAL DRIVE CITY-STATE MONROE, MI 48162	☐ Delete	NAME SAHA, MARVIN T STREET ADDRESS 3455 PERAL DRIVE CITY-STATE MONROE, MI 48162	☐ Change ☐ Addition
NAME POMERANTZ, ALLAN STREET ADDRESS 9444 NW 46TH STREET CITY-STATE SUNRISE, FL 33351	☒ Delete	NAME POMERANTZ, ALLAN STREET ADDRESS 14999 SW 41 ST CITY-STATE DAVIE, FL 33331	☒ Change ☐ Addition
NAME [Blank] STREET ADDRESS [Blank] CITY-STATE [Blank]	☐ Delete	NAME [Blank] STREET ADDRESS [Blank] CITY-STATE [Blank]	☐ Change ☐ Addition
NAME [Blank] STREET ADDRESS [Blank] CITY-STATE [Blank]	☐ Delete	NAME [Blank] STREET ADDRESS [Blank] CITY-STATE [Blank]	☐ Change ☐ Addition
NAME [Blank] STREET ADDRESS [Blank] CITY-STATE [Blank]	☐ Delete	NAME [Blank] STREET ADDRESS [Blank] CITY-STATE [Blank]	☐ Change ☐ Addition
12. I hereby certify that the information supplied in 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 prepare 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 an office like superseded.			
SIGNATURE: 		DATE: 5-2-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

FILED

07 MAY -7 AM 8:36

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

042 REINSTATEMENT 06-07

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