

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR -8 PM 10:40

DOCUMENT # PO6000028643

1. Corporation Name  
SPECIALTY CAR WASH INC  
1924 RAPON DR  
CLEARWATER, FL 33764

2. Principal Office Address - No P.O. Box #  
1924 RAPON DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CLEARWATER, FL

City & State

Zip  
33764 Country  
US

Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 03/01/2006

5. FEI Number 20-4390510 ☐ 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  
WALTER GIBSON

Street Address (P.O. Box Number is Not Acceptable)  
1924 RAPON DR

Suite, Apt. #, Etc.

City  
Clearwater

State Zip Code  
FL 33764

**700224185307**  
03/08/12--01023--005 \*\*1208.75

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

[Signature] 3512

Date 3/5/12

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	WALT GIBSON	1924 RAPON	Clearwater FL 33764
S	DALIA GIBSON	1924 RAPON	Clearwater FL 33764

**10. E-mail Address:**

(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: [Signature] 3512  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**REINSTATEMENT** 0912

MAR 08 2012  
CLERK