

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 MAY 11 PM 12:56

STATE OF FLORIDA
ALL PASSEY

DOCUMENT # P06000062889

1. Corporation Name

Gator Wash, Inc.

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

11804 Carrollwood Village Cv

3. Mailing Office Address

11804 Carrollwood Village Cv

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/06

5. FEI Number

20-4814755

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

Thomas J. Shaw, Jr.

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

11804 Carrollwood Village Cv

Suite, Apt. #, Etc

City

Tampa

State

FL

Zip Code

33618

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

Thomas J. Shaw, Jr.
REGISTERED AGENT MUST SIGN

Date

5/6/21

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	Thomas J. Shaw, Jr.	11804 Carrollwood Village Cove	Tampa, FL 33618

10. E-mail Address: tshaw@kcaeng.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:

Thomas J. Shaw, Jr.
Thomas J. Shaw, Jr.

5/2/21

813-785-326