

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026895

1. Corporation Name

Star Wash, Inc.

Principal Place of Business

Mailing Address

126 N.E. Eglin Parkway
Fort Walton Beach, FL
32548

REINSTATEMENT

9798
AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10247 W. Hwy 98

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10247 W. Hwy 98

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/95

5. FEI Number

59-3365374

Applied For

Not Applicable

City & State

Destin, FL

Zip

32541

Country

U.S.

City & State

Destin, FL

Zip

32541

Country

U.S.

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P. VP. S. T. D.	Joe R. Ward	10247 W. Hwy 98	Destin, FL 32541

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-06/03/98--01075--011
***908.75 ***908.75

8. Name and Address of Current Registered Agent

Bryan J. Kiefer
126 N.E. Eglin Parkway
Fort Walton Beach, FL 32548

9. Name and Address of New Registered Agent

Name Joe R. Ward
Street Address (P.O. Box Number is Not Acceptable)
10247 W. Hwy 98
Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/27/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/98

Date

Daytime Phone #