

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044408

1. Corporation Name

ISLAND CAR WASH, INC.

2. Principal Office Address

224 Franklin Blvd.

Suite, Apt. #, etc.

City & State

St. George Island, FL

Zip

32328

Country

US

3. Mailing Office Address

224 Franklin Blvd.

Suite, Apt. #, etc.

City & State

St. George Island, FL

Zip

32328

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 6/8/95

5. FEI Number

51-0497804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

04 JUL -8 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-04

800038895838

07/08/04--01054--009 **1950.00

7. Name and Address of Current Registered Agent

Name

Jolene S. Armistead

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

224 Franklin Blvd.

Suite, Apt. #, Etc.

City

St. George Island

State
FL

Zip Code
32328

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

Jolene S. Armistead
REGISTERED AGENT MUST SIGN

Date

6/25/04

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
DPST	WALTER J. ARMISTEAD	224 FRANKLIN BLVD.	ST. GEORGE ISLAND, FL 32328

10. 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WALTER J. ARMISTEAD
PRESIDENT

6/25/04

(850) 927-2495

CR2081 (07/04)