

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P96000008091**

1. Corporation Name

**AUTO OASIS CAR WASH & LUBE, INC.**

Principal Place of Business

Mailing Address

3801 EMBASSY COURT  
PALM HARBOR FL 34685

3801 EMBASSY COURT  
PALM HARBOR FL 34685

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1996

5. FEI Number

59-3357798

Applied For

Not Applicable

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
PD	SCHNEIDER, DENNIS J	3801 EMBASSY COURT	PALM HARBOR FL 34685
V	GALE, RICHARD	3801 EMBASSY COURT	PALM HARBOR FL 34685
ST	SCHNEIDER, VIRGINIA B	3801 EMBASSY COURT	PALM HARBOR FL 34685
D	SCHNEIDER, ELIOT	3801 EMBASSY COURT	PALM HARBOR FL 34685

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

EMO CORPORATE SERVICES, INC.

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

100 NORTHEAST THIRD AVENUE

Suite, Apt. #, Etc.

SUITE 1100

City

FORT LAUDERDALE

State

FL

Zip Code

33301

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

Marshall J. Ems, VP

REGISTERED AGENT MUST SIGN

Date May 24, 1999

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**REINSTATEMENT**

98-99  
708  
6/24/99

CR2E040 (9/96)