## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT &F STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED

OI JAN 18 AM 12: 53

SECRETARY OF STATE TALLAHASSEE FLORIDA

| DOCUMENT # P960000  | <u>የ</u> ሥሥኮር                                     | MINDOLLS INDUMENT                                  |                                     |
|---|---|--|-------------------------------------|
| AUTO DASIS CAR WASH.  | ;<br>;  |  |                                     |
| <i>PEINSTATE</i>  |   |  |                                     |
| أبيا ممالي أ  | Office Address  89 NW 19 North                    |  |                                     |
| Suite, Apt. #, etc.   |   | 4. Date Incorporated or On To Do Business in Flori |                                     |
| City & State Trarpon Springs IFL. Tarpo   | m Springs, A.                                     | 5. FEI Number                                      | -3357798 Applied For Not Applicable |
| 34689 Pinellas 3468   | Codntay   | 6. CERTIFICATE OF STATUS                           | S8 75 Additional Fee required       |
| 7. Name and Address of Current Registered Agent   |   |  |                                     |
| Name Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)   500003582905 - 5  |   |  |                                     |
| City FT. Lauderdale FL  |   |  | Zip Code<br>3 3 3 0 1               |
| 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  REGISTERED AGENT MUST SIGN |   |  |                                     |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) -(11/26/0101159025  |   |  |                                     |
| Titles Name of Officers and/or Directors  | Street Address of Each<br>Officer and/or Director | 74.1   | *****                               |
| PD Schneider Dennis   | 40489 NW 19 N                                     | brth Tar   | ponSpas, Pl 34689                   |
| V GALE, Richard   | 40489 NW 19 M                                     | orth Tarp  | on Spas, FL. 34689                  |
| ST Schneider, Virginia  | ,40489 NW 19 NO                                   | orth Tarpe   | on Spas, Pl. 34689                  |
| D. Schneider, Elliot  | 1   | North Tarpe  | on Spgs, Fl 34689                   |
| ,   |   | S. PAYNE   | JAN 1 8 2001                        |
| 10 Logify that Lam an officer or director or the receiver or trustee o  |   | and death of facility about 1007 and               |                                     |

1 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

12/20/00

727-934-2225

Daytime Phone #