

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 NOV 20 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000076101**

1. Corporation Name

TRI-COUNTY WASH INC.

W98000021779

Principal Place of Business

Mailing Address

**1540 S.W. 159 AVE
PEMBROKE PINES
FLORIDA, 33027**

**P.O. BOX 820095
SOUTH, FLA
FLORIDA 33082-
0095**

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

FL 33027 FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

9/12 1996

5. FEI Number

650-693969

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
PRÉS.	ALEXANDRA KARETTIS	1540 S.W. 159 AVE	PEMBROKE PINES FLA 33027
	KARETTIS		
			100002699721-2
			-12/02/98--01005--002
			****900.00 ****900.00

REINSTATEMENT

97-98

TS 11/24/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CAROLYN KARETTIS
3121 Ponce De Leon Blvd
Coral Gables FLA 33134**

Name **ALEXANDRA KARETTIS**
Street Address (P.O. Box Number is Not Acceptable) **1540 S.W. 159 AVE**
Suite, Apt. #, Etc. **PEMBROKE PINES FLA**
City **FL** State **FL** Zip Code **33027**

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

Alexandra Karettis

REGISTERED AGENT MUST SIGN

Date **11/14/98**

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:

ALEXANDRA KARETTIS
Alexandra Karettis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/98
Date

954 431-4188
Daytime Phone #

CR2E040 (1/98)