

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000002186

1. Corporation Name

HECTOR CAR WASH, INC  
15473 Durnford Drive  
MIAMI LAKES, FL. 33014

Principal Place of Business

Mailing Address

6185 Miami Lakes Drive - EAST  
MIAMI LAKES, FL. 33014-2407853

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

2. New Principal Office Address, If Applicable

15473 Durnford Drive

3. New Mailing Office Address, If Applicable

the same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes, Fl.

City & State

Zip

33014

Country

Miami-Dade

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01-03-1997

5. FEI Number

65-0722655

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
P/T/S	HECTOR GARCIA	15473 Durnford Drive	Miami Lakes, Fl. 33014

REINSTATEMENT

98-49 TB 4/15/99

000002842393--4  
-04/16/99--01081--016  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

HECTOR GARCIA  
15473 Durnford Drive  
Miami Lakes, FL. 33014

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

(X)

*Hector Garcia*

REGISTERED AGENT MUST SIGN

Date 04-09-99

11. This corporation owes 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)(b) 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:

*Hector Garcia*

HECTOR GARCIA-President 04-09-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)824-3122