

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  
98-02 UBR

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000057649

1. Corporation Name  
Karley's Karwash, Inc.

2. Principal Office Address  
405 331 South

3. Mailing Office Address  
P.O. Box 952  
C/o Kyle McDonald

Suite, Apt. #, etc.

City & State  
DeFuniak Springs, FL

City & State  
DeFuniak Springs, FL

Zip  
32433

Country  
United States

Zip  
32433

Country  
United States

4. Date Incorporated or Qualified To Do Business in Florida  
June, 1997

5. FEI Number  
59-3755898

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Kyle McDonald

Street Address (P.O. Box Number is Not Acceptable)  
1474 State Hwy 83 North

Suite, Apt. #, Etc.

City  
DeFuniak Springs

State  
FL

Zip Code  
32433

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

Kyle McDonald

REGISTERED AGENT MUST SIGN

Date January 17, 2001

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
P	Kyle McDonald	P. O. Box 952	DeFuniak Springs, FL 32433
VP	Kim McDonald	P. O. Box 952	DeFuniak Springs, FL 32433

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)(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:

Kyle McDonald

Kyle McDonald

January 17, 2001

850-892-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Karley's Karwash  
405 331 South  
DeFuniak Springs, FL 32433  
850-892-3332

January 17, 2002

Department of State  
Division of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, FL 32314

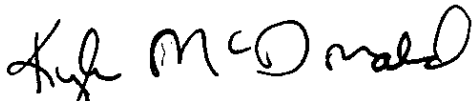
Dear Sir/Madam:

Please find enclosed my Application for Corporation Reinstatement, along with my check in the amount of \$750.00.

I did not get a corporation kit, and my attorney entered a non-postal address and I never received my renewals. Please reinstate Karley's Karwash.

Should you need any further information, please let me know.

Sincerely,

  
Kyle McDonald

tc

Enclosures: Application for Corporation Reinstatement  
Check