PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

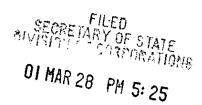
P97000099428 **DOCUMENT #**

1. Corporation Name

CLEAN CAR INTERIORS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address



17401 SW 7TH ST. PEMBROKE PINES F	L 33029		17401 SW 7TH ST. PEMBROKE PINES FL 33029					
					iens	TATEWENT	0000	
	are incorrect in any way, I			r correction below.			**************************************	
New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 11/21/1997		
Suite, Apt. #, etc. City & State		Suite, Apt. #	Suite, Apt. #, etc. City & State				<u> </u>	
		City & State					Not Applicable	
Zip Country Zip		Zip	Country		6. CERTIFICAT	CATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names and Stree	et Addresses of Each Office	er and/or Director (Flo	orida nonprofit corpo	rations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director			City / State / Zip		
	PRICE, HAROLD			ST.		PEMBROKE PINES FL 33029		
					2	000039534 -04/03/010 ****900.00	4621 1066035 *****900.00	
8.	Name and Address of Cu	ırrent Registered Ag	ent		9. Name and	Address of New Registered Ag	ent	
				Name			loge	
PRICE, HAROLD 17401 SW 7TH ST. PEMBROKE PINES FL 33029			Street Address (F		P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc	: .		AD S	
	4		_	City		State FL	Zip Code	
10. I, being appointe	ed the registered agent of t	he above named corp	oration, am familiar v	with and accept the o	bligations of Sect	tion 607.0505, F.S.		
Signature of Registered Agent	Third	REGISTERED AC	BENT MUST SIGN	UIRED		Date 3/26/8	251	

11. 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.