

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 02 UBE	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000029410		
1. Corporation Name		
BLICK'S POWER WASH, INC.		
Principal Place of Business		Mail to: A-11

FILED

02 NOV -6 PH 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
2632 SILVER PALM DRIVE EDGEWATER FL 32141	2632 SILVER PALM DRIVE EDGEWATER FL 32141

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		4. Date Incorporated or Qualified To Do Business in Florida 03/31/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3503277	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
PTD	BLICKER, MICHAEL F	2632 SILVER PALM DRIVE	EDGEWATER FL 32141
VD	BLICKER, MICHAEL C	2632 SILVER PALM DRIVE	EDGEWATER FL 32141
SD	BLICKER, MICHAEL C	2632 SILVER PALM DRIVE	EDGEWATER FL 32141
SD	BLICKER, MICHAEL F.	2632 SILVER PALM DRIVE	EDGEWATER FL 32141
			5000008792595 11/04/02 01110-014 **150.00
			11/04/02 01110-014 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BALDWIN, YVONNE L 931 S RIDGEWOOD AVE UNIT B-7 EDGEWATER FL 32132	Name <i>SLATER FINANCIAL SERVICES, INC.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3869 S. NOVA RD #1</i> Suite, Apt. #, Etc.
	City <i>Port Orange</i> State <i>FL</i> Zip Code <i>32127</i>

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10 31-00

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.

SIGNATURE

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/31/05 Daytime Phase 4

Routine Phase 2

BLICK'S POWER WASH INC.

333 NORTH US1
EDGIEWATER, FL 32132
VOLUSIA

Phone 386-428-5001
Fax 386-428-5755

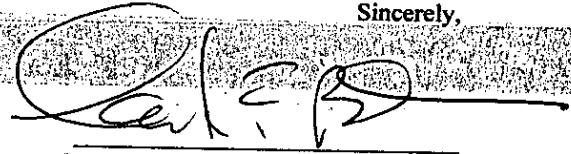
November 01, 2002

Division Of Corporations Anual Report
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern,

This is the first notice of dissolution or revocation that I have received from you. I fired my old accountant and she never forwarded this information to me. I called your office and was advised to send a letter along with a check for \$150.00. I hope that this clears up this matter.

Sincerely,



President of Blick's Power Wash Inc.