PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 APR -9 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000072792

1. Corporation Name
Personal Touch Car Wash, Inc.

2. Principal Office Address	3. Mailing Office Address
3033 S. Congress Avenue	3033 S. Congress Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Springs, Florida	City & State: Palm Springs, Florida
Zip: 33461 Country: USA	Zip: 33461 Country: USA

REINSTATEMENT 0001

4. Date Incorporated or Qualified To Do Business in Florida: August 20, 1998

5. FEI Number: 65-0863283 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Jeffrey S. Steiner, CPA

700004014937--2
-04/18/01--01020--026
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 2201 NW 30th Place

Suite, Apt. #, Etc.: Suite A

City: Pompano Beach State: FL Zip Code: 33069

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: Jeffrey S. Steiner, CPA Date: 4/4/01

REGISTERED AGENT MUST SIGN Jeffrey S. Steiner, CPA

OR2E181 (9/00)

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
PRES. Dir.	Scott Jacovino	185 Pershing Road	Englewood Cliffs, NJ 07624
SEC. Treas. Dir.	John Artuso	131 Yacht Club Way	Hypoluko, Fl. 33462
		700004014937--2	
		-04/18/01--01020--027	
		****150.00 ****150.00	
			LS

10. I certify that I am an officer or director of 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.

Scott Jacovino, President

SIGNATURE: Scott Jacovino 347-672-6396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #