

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 FEB -1 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094394

1. Corporation Name

5555 So. University Drive, Inc.

2. Principal Office Address

5555 So. University Drive

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

U.S.

3. Mailing Office Address

5555 So. University Drive

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

U.S.

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/98

5. FEI Number

650873985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

If Applying To Renew  
Certificate of Status

7. Name and Address of Current Registered Agent

Name

David F. Schneider

600003811066--8

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

c/o University Car Wash & Lube  
5555 S. University Drive

03/07/01--01109--007

\*\*\*\*\*300.00 \*\*\*\*\*300.00

Suite, Apt. #, Etc.

City

Davie

State  
FL

Zip Code  
33328

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

*David F. Schneider*

REGISTERED AGENT MUST SIGN

Date 1/31/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	David F. Schneider	5555 S. University Drive	Davie, FL 33328
VP	Sheryl A. Schneider	5555 S. University Drive	Davie, FL 33328

600003811066--8

03/07/01--01109--008

\*\*\*\*\*8.75 \*\*\*\*\*8.75

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:

*David F. Schneider*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

Daytime Phone #

CR2081 (9/99)