

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN 30 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000107222

1. Corporation Name

Top of The Line Car Wash Inc

2. Principal Office Address - No P.O. Box #

2185 Sunset Pointe

Suite, Apt. #, etc.

City & State

Clear water FL

Zip

33765

Country

USA

3. Mailing Office Address

PO Box 6067

Suite, Apt. #, etc.

City & State

Palm Harbor FL

Zip

34684

Country

USA

REINSTATEMENT

CR2E081 (12/07)

07-08

4. Date Incorporated or Qualified
To Do Business in Florida

12-24-98

5. FEI Number

22-3648137

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

Jello, Chamorn

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

1942 Lego Vista Blvd

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Chamorn Jello

Date

1-28-08

REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>Jello, Chamorn</u>	<u>1942 Lego Vista Blvd</u>	<u>Palm Harbor FL 34685</u>

300116585043
01/31/08--01039--003 **300.00

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 contained in Chapter 119, 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:

Chamorn Jello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-08

Daytime Phone #

7276886198

1/31/08