PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | 02 JUL - I PM 1:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
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| DOCUMENT # 1. Corporation Name USA CAR WASA | • | 7000062342475 -07/08/0201003004 ****900.00 ****900.00 |
| 6010 NE 2 AVE Miami, FL 33138 33137 | | was supply a second of the course of the course |
| 2. Principal Office Address 6010 NE 2AUS | 3. Mailing Office Address 6010 NE 2 A V { | PENSTATEMENT 01-02 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Date Incorporated or Qualified To Do Business in Florida |
| City & State M. A. m. P. L. 33-13-1 | City & State Mixam! FL | 5. FEI Number Applied For Not Applicable |
| 33137 Country USA | 2ip Country 33137 USA | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | | |
| Street Address (P.O. Box Number is Not Acceptable) 6010 NE 2 AUC Suite, Apt. #, Etc. City MiAmi, FL 33137 | | |
| 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 Date 6 28 0 2 REGISTERED AGENT MUST SIGN | | |
| | /or Director (Florida nonprofit corporations must list at te | · |
| Titles Name of Officers and/or Directors | Street Address of Eac Officer and/or Directo | |
| P_ JEan-Mary- | LUC 6010 NEZA | - MAM, FL 33137 |
| T JEan-MARY R | 6010 NE 2 | 4 UE mixu!, fc 33137 |
| UP Jeun-Mary No | nessis 6010 NE DA | -4 VC minn, ec 3-3137 |
| MGT Jenn Mary Di | nercy 6010 NE DA | Wiami, PL 33137 |
| | | |
| 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone # | | |