


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAY 11 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000067071	
1. Entity Name FINURA CAR WASH, INC.	

Principal Place of Business 250 GIRALDA CORAL GABLES, FL 33134	Mailing Address 250 GIRALDA CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1600 Red Road Suite 300
Suite, Apt. #, etc.	Suite, Apt. #, etc.

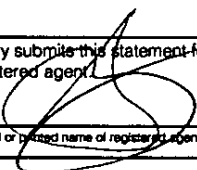
04262007 REIN-P CR2E098 (1/07)

City & State South Miami, FL	City & State South Miami, FL
Zip 33143	Country Dade

4. FEI Number 65-1147356	Applied For Not Applicable
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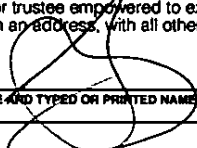
6. Name and Address of Current Registered Agent NUNEZ, ALEJANDRO ESQ. 250 GIRALDA AVE. CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name: Alejandro Nunez Street Address (P.O. Box Number is Not Acceptable): 1600 Red Road, Suite 300 City: South Miami FL Zip Code: 33143	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RESTREPO, HERNANDO 250 GIRALDA AVE. CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OCHOA, SARA INES A 250 GIRALDA AVE. CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S, D Acevedo Ochoa, Sara Ines 250 Giralda Ave. Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400103587414 05/31/07--01005--024 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date: 04/15/07 Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

5/21/07