

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT

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

FILED

00 DEC 15 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000075219**

1. Corporation Name

ULTRA SHINE CAR WASH, INC.

Principal Place of Business

Mailing Address

1711 NOVA RD. ~~AA~~
HOLLY HILL FL 32117

1711 NOVA RD. ~~AA~~
HOLLY HILL FL 32117

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/23/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3638527	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	HIGGS, DAVID	1711 NOVA RD. AA C	HOLLY HILL FL 32117

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIGGS, DAVID 1711 NOVA RD. AA C HOLLY HILL FL 32117		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-31-00

11. 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-00

Date Daytime Phone #

CR2E040 (8/00)

2022

This 2000 Corporate
annual report was sent
to the wrong address.
We received it after
the deadline.

Please reinstate this corp.

Thank you