

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV 28 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09660

1. Corporation Name

A & E SHELL CAR WASH, INC.

Principal Place of Business

Mailing Address

3091 N. DIXIE HWY
FT. LAUDERDALE FL 33334
US

3091 N. DIXIE HWY
FT. LAUDERDALE FL 33334
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1992

5. FEI Number

65-0309580

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	ZIBRO, ADRIENNE	3091 N DIXIE HWY	FT LAUDERDALE FL
			000004720078-4
			-12/12/01--01013--012
			****458.75 ****458.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZIBRO, ADRIENNE
3091 N DIXIE HWY
FORT LAUDERDALE FL 33334

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 11/21/01

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

Date 11/21/01

Daytime Phone # 518 656-4960

2012

11/21/01

State of Florida
Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314

Dear Sirs.

Please find attached my check for \$150 plus \$8.75
Totaling \$158.75

I spoke to you today of your office and explained
our situation, and the Reinstatement forms.

This was suppose to be taken care of by our
accountant, and I was just advised as of yesterday
by our attorney, that it hadn't been, Mr. Peter Cunniffe P.A.

I have been in absence of the business as my
husband has had surgery and is undergoing another
surgery this Friday - his Rt Hip Replacement, which will
be reconstruction as he has had it done in 1984.

He is just getting over his surgery from 1994 -
Severe Spinal Stenosis - Now this - will it ever end!

Again our accountant was suppose to be handling
all paper work details (But didn't).

I hope you can waive any other fees and
Reinstate my corporation

Sincerely
Adeline Zibro