

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 FEB -4 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 35661

1. Corporation Name
TROPICAL CAR WASH INC
(W98000001284)

Principal Place of Business
6715 N Dale Mabry Hwy
TAMPA FL 33614

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
5. FEI Number
6. CERTIFICATE OF STATUS DESIRED

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Pres Alfredo Sevilla, V. Pres, and Sec Olga Sevilla.

REINSTATEMENT
98-980-188
2/14/98
000002427130-6
-02/10/98-01087-021
***1508.75 ***1508.75

8. Name and Address of Current Registered Agent
9. Name and Address of New Registered Agent

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
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No []

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided 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: Alfredo Sevilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/9/98
Daytime Phone #: 813-879-5111

CR2E040 (12/96)