

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. ~~Morham~~
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

Mailing Address

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

APR 5/11/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

136-48-4116

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Alfredo Sevilla	4010 B Cortez dr TAMPA FL	TAMPA FL 33614
V. Pres	" "		
Sec	O/ra Sevilla	2214 maydell dr	TAMPA FL 33614

REINSTATEMENT

000002427130-6
-02/10/98--01087--021
***1508.75 ***1508.75

8. Name and Address of Current Registered Agent

Alfredo Sevilla
4010 B Cortez dr
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name
Alfredo Sevilla
Street Address (P.O. Box Number is Not Acceptable)
4010 B Cortez dr
Suite, Apt. #, Etc.
City
TAMPA
State
FL
Zip Code
33614

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

ALF S L
REGISTERED AGENT MUST SIGN

Date

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

(See other side for information
on intangible tax.)

12. 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:

ALF S L Alfredo Sevilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/98
Date

813-879.5111
Daytime Phone #

888-218-2065