CORPORATION REINSTATEMENT

aa-00

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

FILED

00 APR 14 AM 11: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 970000 87980

1. Corporation Name

Classic Auto Detail Inc.

REINSTATEMENT aa-00

2. Principal Office Address

4850 N.W. 7TH St

Suite, Apt. #, etc.

City & State
MIAMI FLA

Zip
33126

Country

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

SP

5. FEI Number
650794411

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ | $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ORLANDO TARRIO

Street Address (P.O. Box Number is Not Acceptable)
4850 NW 7st

Suite, Apt. #, Etc.
PHONE # 305) 569.9252

City
MIAMI

State
FL

Zip Code
33126

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-04/24/00--01174--013
****300.00   ****300.00
100003222011 - 2
-04/24/00--01174--014
****300.00   ****300.00

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent X (ORLANDO TARRIO)
REGISTERED AGENT MUST SIGN

Date 4-13-2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Orlando Tarrio	12040 SW 6st	miami Fl 33184

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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:

04-13-00   305 719-0181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #