

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003335

1. Corporation Name

DAVE'S DETAILING, INC.

2. Principal Office Address

LANE

3. Mailing Office Address

13207 LANTANA PARK

13207 LANTANA PARK LANE

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

ORLANDO FL

City & State

ORLANDO

Zip

32837

Country

USA

Zip

FL

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 22, 2001

5. FEI Number

351823952

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

DAVID R. ALLEN

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

13207 LANTANA PARK LANE

Suite, Apt. #, Etc.

108

City

ORLANDO

State
FL

Zip Code
32837

8. 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

[Signature]

Date

12/16/2003

REGISTERED AGENT MUST SIGN

9. 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
PSD	DAVID R. ALLEN	10 W. MARKET ST P-300	JMWPLS, IN 46204

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/2003

Daytime Phone #

CR25081 (10/02)

Private

December 18, 2003

To Whom It May Concern:

Tyrone Lott

Enclosed, please find my check for \$300. This amount includes the last two (2) year's fee for the annual business report.

Please waive the re-instatement fee. In speaking with one of your agents, they stated that the fee would be waived because I did not receive the report.

Please feel free to contact me if you have any questions.

Sincerely,

David R. Allen

David R. Allen
407-240-7009

mobile 317-439-5000

*Thanks for your help
Happy Holidays!*

DR Allen