

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 10:22

DOCUMENT # F01000003335

1. Corporation Name

Dave's Detailing, Inc.

000073508950  
05/01/06--01055--027 \*\*450.00

**REINSTATEMENT**

04-06

CR2E081 (12/05)

2. Principal Office Address  
4215 Lindy Circle

3. Mailing Office Address  
4215 Lindy Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip  
32827

Country  
USA

Zip  
32827

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 6/22/2001

5. FEI Number 35-1823952

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)  
4215 Lindy Circle

Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32827

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

*David R. Allen*

Date

*April 6, 2006*

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	4215 Lindy Circle	Orlando, FL 32827

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 contained in Chapter 119, 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:

*David R. Allen*

DAVID R. ALLEN

Date

*4/6/2006*

Daytime Phone #

*407-825-6910*

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