

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 31 PM 2: 30

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 00000017112

1. Corporation Name

Quick Auto Glam

2. Principal Office Address

1545 SE 15th St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

City & State

Zip

33316

Country

USA

Zip

Country

**REINSTATEMENT**

CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0987118

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

Mike Butter

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

1545 SE 15th St.

Suite, Apt. #, Etc.

City

FT. Lauderdale

State  
FL

Zip Code

33316

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

*Mike Butter*

Date

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
Officer	Mike Butter	1545 SE 15th St.	FT. Lauderdale, FL 33316
			100069973981 04/10/06--01087--010 **300.00

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:

*Mike Butter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06

Date

Daytime Phone #

4/9/06

- Did not receive form  
to renew

- Will make sure to  
get one next time

- Thank