

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 AUG -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042305

1. Corporation Name

Outer Limits Mobile Detailing, Inc.

2. Principal Office Address - No P.O. Box #

4605 Falling Acorn Circle

3. Mailing Office Address

4605 Falling Acorn Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

USA

Zip

32746

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2000

5. FEI Number

59-3639926

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
Sheldry Chatman

Street Address (P.O. Box Number is Not Acceptable)
4605 Falling Acorn Circle

Suite, Apt. #, Etc.

City
Lake Mary FL

State
FL

Zip Code
32746

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date 07/30/2007

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
PRES	Darlene Chatman	4605 Falling Acorn Circle	Lake Mary, FL 32746
VP	Sheldry Chatman	4605 Falling Acorn Circle	Lake Mary, FL 32746

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08/07/07--01028--009 **150.00

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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/2007
Date

407 297-3700
Daytime Phone #

July 30, 2007

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

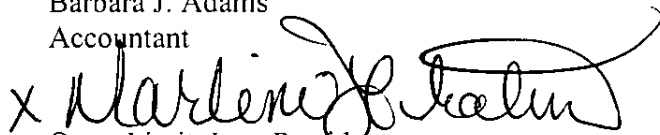
This letter is to inform you that Outer Limits Mobile Detailing, Inc. has never received their reinstatement notice for 2007. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said year. If there are any questions concerning this matter please feel free to contact me at 407 297-3700. The Document # P00000042305.

Your consideration concerning this matter is greatly appreciated.

Cordially,

A handwritten signature in black ink, appearing to read 'BJA', followed by a long horizontal line.

Barbara J. Adams
Accountant

x 
Outer Limit, Inc. President