

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

04 OCT -6 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~100000056193~~

1. Corporation Name, Mirror Image Detailing, Inc.
Document # P00000056193

2. Principal Office Address <u>998 W Brandon Blvd</u>		3. Mailing Office Address <u>998 W Brandon Blvd</u>	
Suite, Apt. #, etc. <u>Brandon</u>		Suite, Apt. #, etc. <u></u>	
City & State <u>FL</u>		City & State <u>Brandon, FL</u>	
Zip <u>33511</u>	Country <u>Hillsborough</u>	Zip <u>33511</u>	Country <u>Hillsborough</u>

REINSTATEMENT

23.04

4. Date Incorporated or Qualified To Do Business in Florida <u>6-2-2000</u>	
5. FEI Number <u>59-3664933</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>Carlos M Gutierrez</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>18808 Forest Glen CT</u>			
Suite, Apt. #, Etc. <u>TAMPA, FL 33647</u>			
City		State <u>FL</u>	Zip Code

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09/21/04 01089 001 ***000.00

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 Carlos M Gutierrez Date 9-16-04

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
P	Carlos M Gutierrez	18808 Forest Glen CT	TAMPA, FL 33647

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: Carlos M Gutierrez Date 9-16-04 Daytime Phone # 813-655-5988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/04)

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Oct-1-04

Whom it may Concern.

We are writing this letter
Because we Did not recive the 1st or
2nd Reistatment Form's 03, and this
years⁰⁴. we already Paid a \$300⁰⁰
OK tour's our account, we were
Awere this Form's a Due yearly.
we Filled out the Reist. Form
attached. we would appriciate
Please Waive Penalty, this is
Second time we send this Form
Last time you Guy's had wrong
Ref # New # is P00000056193
Our Ref # IS \rightarrow

Thanks you
Sincerely

Carlos J. J. J.
Owner

813-655-5988

813-781-2953