

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000117183

1. Corporation Name

THE LAST DETAIL, INC.

Principal Place of Business

Mailing Address

~~1624 BROADWAY  
RIVIERA BEACH FL 33404~~

~~1624 BROADWAY  
RIVIERA BEACH FL 33404~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

FILED

04 FEB 13 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04



300027544293

01/26/04--01011--027 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/2000

5. FEI Number

65-1068890

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75\* Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PST	LAYCOCK, ROBERT S	1624 BROADWAY	RIVIERA BEACH FL 33404
VPD	LAYCOCK, ROBERT S	1624 BROADWAY	RIVIERA BEACH FL 33404

300027544293  
02/13/04--01039--026 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAYCOCK, ROBERT S  
229 28TH STREET  
WEST PALM BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



WWW.LASTDETAILINC.COM

Phone: (561) 841-3000 • Fax: (561) 841-3002

January 14, 2004

Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am requesting the reinstatement fee be waived because the corporation did not receive the two prior uniform business report notices. Please note our change of address on the application for reinstatement.

Thank you,

Robert Laycock  
President  
The Last Detail Inc.