

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB -7 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006031

1. Corporation Name

DETAIL BUSINESS CORPORATION

2. Principal Office Address

2070 BAY DRIVE WEST

3. Mailing Office Address

2070 BAY DRIVE WEST

Suite, Apt. #, etc.

509

Suite, Apt. #, etc.

509

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/17/01

5. FEI Number

65-1069038

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

CESAR A. NUNEZ

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

2070 BAY DRIVE WEST

Suite, Apt. #, Etc.

509

City

Miami Beach

State  
FL

Zip Code

33141

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

REGISTERED AGENT MUST SIGN

Date

1/31/03

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.S.D	CESAR A. NUNEZ	2070 BAY DRIVE WEST NO. 509	Miami Beach, FL 33141

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CESAR A. NUNEZ

Date

1/31/03

Daytime Phone #

(305) 4506125

CR20051 (9/00)

Miami, January 31<sup>st</sup> 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: DETAIL BUSINESS CORPORATION  
Doc P01000006031

Dear Sir or Madam:

Please find enclosed an application for reinstatement.

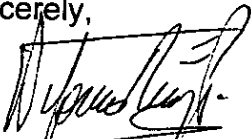
Enclosed you will find a copy of our check for \$150.00 cashed by the Florida Department of State on April 23, 2002. This check was sent with a UBR application and a new address.

We want to ask you for consideration and waive the penalty for reinstatement of our corporation because we have not gotten any communications from the Florida Department of State.

Our Address is 2070 Bay Drive West  
No. 509  
Miami Beach, FL 33141

Your consideration will be greatly appreciated.

Sincerely,



Cesar A Nunez  
President