

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 9:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000043525**

1. Corporation Name

**SOUTH FLORIDA DEGREASING, INC.**

Principal Place of Business

18845 SW 212 STREET  
 MIAMI FL 33317

Mailing Address

18845 SW 212 STREET  
 MIAMI FL 33317



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

2. New Principal Office Address, If Applicable

~~16935 SW 122 AVE~~  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~16935 SW 122 AVE~~  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

04/27/2001

5. FEI Number

65-114602

Applied For

Not Applicable

City & State

MIAMI FLA.

City & State

MIAMI FLA.

Zip

33177

Country

DADE

Zip

33177

Country

DADE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	MARYANNA Hartwell	16935 SW 122 AVE	MIAMI FLA. 33177
V. PRES.	MARYANNA Hartwell	16935 SW 122 AVE	MIAMI FLA. 33177
SEC.	MARYANNA Hartwell	16935 SW 122 AVE	MIAMI FLA. 33177
DIRECTOR	MARYANNA Hartwell	16935 SW 122 AVE	MIAMI FLA. 33177

700009355477  
 12/04/02--01079--011 \*\*158.75

8. Name and Address of Current Registered Agent

HARTWELL, MARYANNA  
 25422 SW 107 AVE  
 HOMESTEAD FL 33032

9. Name and Address of New Registered Agent

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

*Maryanna Hartwell*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11-20-02

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:

*MARYANNA Hartwell*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

11-20-02 305-253-2214

Daytime Phone #

CR2E040 (8/02)

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 4327  
Tallahassee FL 32314-4327

11/20/02

Division of Corporations.

The notice of Administrative dissolution was sent to the wrong address, the address in question was never an address for South Florida Degreasing. The mistake in addressing caused the tardiness of the paperwork return. We apologize for any miscommunication.

Sincerely,  
South Florida Degreasing Inc.  
Maryanna Hartwell  
16935 SW 122nd Ave.  
Miami, FL 33177  
305-253-2214