

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 -2 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078742

1. Corporation Name

DOCKSIDE DETAILING, INC.

Principal Place of Business

509 LAKEVIEW DRIVE
CORAL SPRINGS FL 33071

Mailing Address

509 LAKEVIEW DRIVE
CORAL SPRINGS FL 33071

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/2001

5. FEI Number

65-1129201

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Jorge A. Valverde	509 Lakeview Dr.	Coral Springs, FL 33071

8. Name and Address of Current Registered Agent

VALVERDE, JORGE ARTURO
509 LAKEVIEW DRIVE
CORAL SPRINGS FL 33071

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

SIGNATURE REQUIRED

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

DOCKSIDE DETAILING, INC.

**509 Lakeview Drive
Coral Springs, Florida 33071**

November 26, 2002

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

RE: Dockside Detailing, Inc.
FEI 65-1129201
Doc # P01000078742

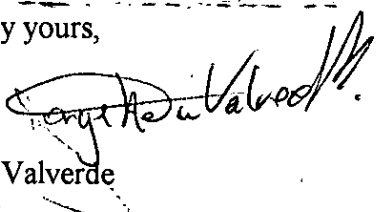
Dear Sir:

In accordance with my conversation with your agent, Bulla, I have enclosed a completed Application for Reinstatement, as well as a copy of my cancelled check number 1032. Bulla indicated the original annual report had been rejected because I neglected to include my FEI. I timely resubmitted the annual report. She then indicated that my resubmitted report had then been rejected a second time because I had not included the officer information on line 7. I never received this rejected form therefore did not respond.

I apologize for my ignorance, this is my first time completing an annual report. I respectfully request the penalty be waved, since I never received the second rejection notification.

If you have any questions or comments, please feel free to call me at your convenience.

Very truly yours,


Jorge A. Valverde
President