

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 # P02000002199

1. Corporation Name

DETAILS. DETAILS. DETAILS., INC.

Principal Place of Business

Mailing Address

8335 NW 197TH TERRACE
HIALEAH FL 33015

8335 NW 197TH TERRACE
HIALEAH FL 33015

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

2. New Principal Office Address, If Applicable

9260 STERLING DRIVE

Suite, Apt. #, etc.

MIAMI FL

City & State

3. New Mailing Office Address, If Applicable

9260 STERLING DRIVE

Suite, Apt. #, etc.

MIAMI FL

City & State

Zip

33157

Country

USA

Zip

33157

Country

USA

REINSTATEMENT 2003 NOV

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPVS	SCATA, WILLIAM	8335 NW 197TH TERRACE 9260 STERLING DRIVE	HIALEAH FL 33015 MIAMI FL 33157
T	SCATA, WILLIAM	8335 NW 197TH TERRACE 9260 STERLING DRIVE	HIALEAH FL 33015 MIAMI FL 33157

500025689755
12/22/03--01078--003 **150.00

8. Name and Address of Current Registered Agent

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

WILLIAM SCATA
REGISTERED AGENT MUST SIGN

Date 12-11-03

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:

WILLIAM SCATA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-11-03 305 298 8488

Daytime Phone #

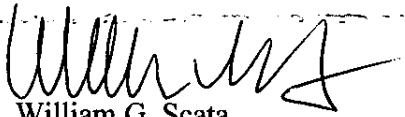
2012

December 11, 2003

To Whom It May Concern,

I am applying for reinstatement and requesting that the late fee be waived. Due to a change of address, the two prior uniform business reports were not received. We did finally receive this notice at our current address. Enclosed is the cover to the application to verify that you have received our new address and the first document that we received from you is this application.

Please contact me at 305 298 8488 if there are any concerns that I can take care of.
Thank you.



William G. Scata
Details ...Details ... Details ... Inc.