

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **p02000076118**

1. Corporation Name

PINES AUTO DETAIL CENTER INC

2. Principal Office Address

556 NW 208 WAY

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33029

Country

3. Mailing Office Address

556 NW 208 WAY

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33029

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

DANIEL VILLEGAS

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

556 NW 208 WAY

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **03-24-2004**

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
D P	DANIEL VILLEGAS	556 NW 208 WAY	Pembroke Pines, Fl 33029
DV	VILLEGAS LINA M	556 NW 208 WAY	Pembroke Pines FL 33029

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24/04

Date

954-2743770

Daytime Phone #

CR2081 (01/04)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 16, 2004

PINES AUTO DETAIL CENTER INC.
556 NW 208 WAY
PEMBROKE PINES, FL 33029

~~SUBJECT: PINES AUTO DETAIL CENTER INC.~~
Ref. Number: P02000076118

We have received your document for PINES AUTO DETAIL CENTER INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Because your reinstatement was not completed in time for you to receive a annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$300.00.

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 704A00017451

[REDACTED]

[REDACTED]

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