

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -4 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000112541

1. Corporation Name

Great Reflections Auto
Detailing Inc

2. Principal Office Address

2800 E. Commercial

Suite, Apt. #, etc.

Ste 208

City & State

St. Landersdale

Zip

33308

Country

USA

3. Mailing Office Address

2800 E Commercial

Suite, Apt. #, etc.

Ste 208

City & State

St. Landersdale

Zip

33308

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3718645

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

Allen H. Katz

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

2800 E. Commercial Blvd

Suite, Apt. #, Etc.

Ste 208

City

St. Landersdale FL

State

FL

Zip Code

33308

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

Allen H. Katz

REGISTERED AGENT MUST SIGN

Date

1-21-04

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/D	Rodney Simpkins	3861 N.E. 15 Terr	Pompano Beach, FL 33064

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

Date

1-21-04

Daytime Phone #

CR2E081 (10/02)

1/21/04

TO Whom it MAY Concern

Please help me with this Problem
I never Received my Renewal
for my CORPORATION. I didn't Realize
It UNTIL Someone told me So please
try to help me. I took this off
the internet AS your office told me
to do. I moved SO I think they
were lost in the MAIL

Thank you
Raf