2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 14, 2009
Secretary of State

DOCUMENT# P02000117071

Entity Name: GOLDEN TOUCH DETAILING SERVICE, INC.

Current Principal Place of Business:

16134 EMERALD COVE RD.
WESTON, FL 333313130

New Principal Place of Business:

18361 NW 10TH ST
PEMBROKE PINES, FL 33029

Current Mailing Address:

16134 EMERALD COVE RD.
WESTON, FL 333313130

New Mailing Address:

18361 NW 10TH ST
PEMBROKE PINES, FL 33029

FEI Number: 06-1655272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUTAS, MICHAEL A
16134 EMERALD COVE RD.
WESTON, FL 333313130 US

Name and Address of New Registered Agent:

LUTAS, MICHAEL A
18361 NW 10TH ST
PEMBROKE PINES, FL 33029 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL A LUTAS 12/14/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: LUTAS, MICHAEL A
Address: 16134 EMERALD COVE RD.
City-St-Zip: WESTON, FL 333313130

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: LUTAS, MICHAEL A
Address: 18361 NW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T ( ) Change (X) Addition
Name: LUTAS, MICHELE
Address: 18361 NW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A LUTAS P 12/14/2009
Electronic Signature of Signing Officer or Director Date