

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 23 AM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000011369

1. Corporation Name

T&A Auto & Mobile Detailing & Car Wash, Inc.

08/23/07 01037 001 ***608.75

600108535336

08/23/07--01037--001 ***608.75

REINSTATEMENT 04-07 Not

2. Principal Office Address - No P.O. Box #
19235 NW 18th Ave

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa Locka, FL

City & State

Zip
33056

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 01/30/2003

5. FEI Number
56-2313564

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
Spiegel & Utrera, PA

Street Address (P.O. Box Number is Not Acceptable)
1840 SW 22nd ST 4th Floor

Suite, Apt. #, Etc.

City
North Miami

State
FL

Zip Code
33179

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 08/14/07

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	Timothy Whiting	19235 NW 18th Ave	Opa Locka, FL 33056

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 contained in Chapter 119, 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] Timothy Whiting
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-07
Date

305-318-9961
Daytime Phone #