


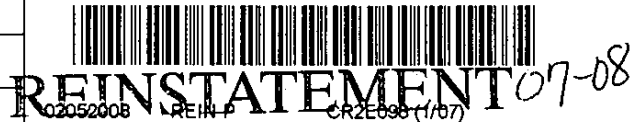
# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000045974		
1. Entity Name EMPIRE AUTO DETAILING INC.		

FILED  
08 FEB -8 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

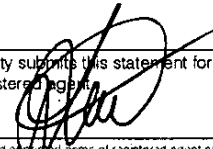
Principal Place of Business 1299 SE 7TH AVE #103 DANIA BEACH, FL 33004 US	Mailing Address 1299 SE 7TH AVE #103 DANIA BEACH, FL 33004 US
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2. Principal Place of Business - No P.O. Box # 501 BLUE HERON DR Suite, Apt. #, etc. APT. # 221 A	3. Mailing Address 501 BLUE HERON DR Suite, Apt. #, etc. APT. # 221 A
City & State HALLANDALE BEACH, FL	City & State HALLANDALE BEACH, FL
Zip 33009	Country U.S.A



4. FEI Number 32-0073611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVALIS, NIKOLAOS 1299 SE 7TH AVE #103 DANIA BEACH, FL 33004	
7. Name and Address of New Registered Agent Name HARVALIS, NIKOLAOS Street Address (P.O. Box Number is Not Acceptable) 501 BLUE HERON DR. APT. # 221 A City HALLANDALE BEACH FL Zip Code 33009	

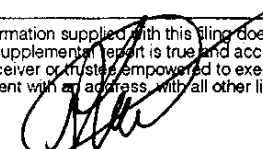
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \*  HARVALIS, NIKOLAOS 02/05/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVALIS, NIKOLAOS 1299 SE 7TH AVE # 103 DANIA BEACH, FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVALIS, NIKOLAOS 501 BLUE HERON DR. APT. # 221 A HALLANDALE BEACH, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \*  HARVALIS, NIKOLAOS 02/05/08 954-547-8523  
Signature and typed or printed name of signing officer or director Date Daytime Phone #