


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000069773</b> 1. Entity Name <b>DIXON MOBILE DETAILING, INC.</b>	
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FILED

04 NOV 12 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>112 D COURT STREET TITUSVILLE, FL 32780</b>	Mailing Address <b>112 D COURT STREET TITUSVILLE, FL 32780</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



4. FBI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DIXON, ERIC L 112 D COURT STREET TITUSVILLE, FL 32780</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$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	<b>P</b> <input type="checkbox"/> Delete <b>DIXON, ERIC L</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900042699259</b> <b>11/12/04--01068--007 **158.75</b>
NAME	<b>DIXON, ERIC L</b>	NAME	
STREET ADDRESS	<b>112 D COURT STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>DIXON, ERIC L</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIXON, ERIC L</b>	NAME	
STREET ADDRESS	<b>112 D COURT STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete <b>DIXON, ERIC L</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIXON, ERIC L</b>	NAME	
STREET ADDRESS	<b>112 D COURT STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete <b>DIXON, ERIC L</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIXON, ERIC L</b>	NAME	
STREET ADDRESS	<b>112 D COURT STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Eric L Dixon 11-8-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #