2005 FOR PROFIT CORPORATION * REINSTATEMENT

REINSTATEMENT							144 7.47	
DOCUMENT # P03000093352						$\overline{\ }$		
1. Entity Name D&P'S COMPLETE DETAILING & POLISHING, INC.							05 APR 18 Mi 8: 23	
					1		A The Section of the second	
Principal Place of Business Mailing Address 1002 WYOMING COURT 1002 WYOMIN			ailing Address 002 WYOMING COUR	Т			A. H. A. A. S.	
OCOEE, FL 34		Ċ	COEE, FL 34761					
2. Principal Plac	re of Business	3	Mailing Address					
			Suite, Apt. #, etc.					
Suite, Apt. #, etc.			KE				AEINP CR2E098 (6/04) U - O	
City & State			City & State		4. FEI Numb	er Applied For Not Applicable		
Zip	Country		Zip	Countr		5. Certificate	of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name			
HUTTO, ERNEST					Street Address (P.O. Box Number is Not Acceptable)			
1002 WYOMING COURT OCOEE, FL 34761					Circle recitation (1.20) Doc recipies (1.20) Doc recipies (1.20)			
					City		FL Zip Code	
		tatement for the p	ourpose of changing its	s register	ed office or regis	tered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
· /,	ps of registered agent.	7/11					4/13/05	
SIGNATURE 1	ignature, typed or printed name of re	gistered agent and title	if applicable. (NO	TE: Register	red Agent signature rec	uired when reinstating	DATE	
FILE	E NOW!!! FEE IS \$3	00.00					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFIC	CERS AND DIREC	CTORS	11.	.	ADDITIONS	/CHANGES TO OFFICERS AND DIRECTORS IN 11	
]	P Delete TIT.				i		☐ Change ☐ Addition	
STREET ADDRESS 1	1002 WYOMING COUP	रा		STR	EET ADDRESS Y-ST-ZIP			
	OCOEE, FL 34761 VP		☐ Delete	III		<u> </u>	☐ Change ☐ Addition	
	BRANIC, PAUL 1502 MADADOS LANE			NAN STR	eet address			
	OCOEE, FL 32839				r-ST-ZIP		Change C Addition	
NAME			Delete	TITL NAA	Æ	-	Change Addition Change Addition CO0053925387	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP	05/1	05/0501063024 **300.00	
TITLE NAME			☐ Delete	TITL	1		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STR	EET ADDRESS			
TITLE			Delete	TiTI.			☐ Change ☐ Addition	
NAME STREET ADDRESS				NAA STR	AE EET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				r-ST-ZIP			
TITLE NAME			☐ Delete	TITL NAN	j		☐ Change ☐ Addition	
				STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	(-ST-ZIP			
CITY-ST-ZIP	rtify that the information sunt this report or suntilemen	applied with this f	iling does not qualify to			Section 119.07(3)	(i), Florida Statutes. I further certify that the information ct as if made under oath; that I arm an officer or director	
12. I hereby cer indicated or of the corpo	rtify that the information sunthis report or supplement oration or the receiver or tropror an attachment with an	ipplied with this fital report is true austee empowerent address, with all	iling does not qualify to and accurate and that d to execute this repor I other like empowered	or the exe my signa t as requ		Section 119.07(3) e same legal effe i07, Florida Statuti	(i), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	
12. I hereby cer indicated or of the corpo	JRE:	addrags, with al	siling does not qualify to and accurate and that d to execute this repor I other like empowered on NAME OF SIGNING OFFICE!	or the exe my signa t as requ	emption stated in ature shall have th ired by Chapter 6	Section 119.07(3) e same legal effe 07, Florida Statuti	(i), Florida Statutes. I further certify that the information ct as if made under oath; that I arn an officer or director es; and that my name appears in Block 10 or Block 11 if	