2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000100883

1. Entity Name
JUST PLANE DETAILING, INC.

FILED
05 JUL 12 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05022005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
8573 109TH WAY NO. SEMINOLE, FL 33772	8573 109TH WAY NO. SEMINOLE, FL 33772

2. Principal Place of Business	3. Mailing Address
9815 47TH AVE NO. Suite, Apt. #, etc.: UNIT 109	SAME Suite, Apt. #, etc.
City & State: ST. PETERSBURG	City & State
Zip: 33708 Country: USA	Zip: 33708 Country

4. FEI Number: 74-3109950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOGAERT, RITA A ~~8573 109TH WAY NO.~~ 9815 47TH AVE NO SEMINOLE, FL 33772 #109 ST. PETERSBURG, FL 33708	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Rita A. Bogaert 4/30/05
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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOGAERT, RITA A 8573 109TH WAY NO. SEMINOLE, FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition RITA A. BOGAERT 9815 47TH AVE. NO #109 ST. PETERSBURG, FL 33708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOGAERT, ANDREW P 8573 109TH WAY NO. SEMINOLE, FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition RITA A BOGAERT 9815 47TH AVE NO. UNIT # 109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400057742744 07/21/05--01022--001 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rita A. Bogaert 4-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #