

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 25 PM 3:42


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07)

05-08

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000018763

1. Corporation Name

J & J MOBIL DETAILING, INC

2. Principal Office Address - No P.O. Box #

286 SUNSHINE DR

Suite, Apt. #, etc.

City & State

POMPANO BEACH FLORIDA

Zip

33066

Country

USA

3. Mailing Office Address

286 SUNSHINE DR

Suite, Apt. #, etc.

City & State

POMPANO BEACH FLORIDA

Zip

33066

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-20-04

5. FEI Number
73-1694684

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

DISA'S ACCOUNTING & TAX SERVICES INC

Street Address (P.O. Box Number is Not Acceptable)

1440 CORAL RIDGE DR STE 147

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

☒ 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

Disa Giacchetto

REGISTERED AGENT MUST SIGN

Date

3/18/08

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
PD	MERYL WONDER	286 SUNSHINE DR	POMPANO BCH, FL 33066
			200121215862 03/25/08--01032--006 \$600.00

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:

M. Wonder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date

754 281-4340

Daytime Phone #