


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

18/2

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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SECRET
DIVISION OF CORPORATIONS

06 OCT 10 PM 3:52

DOCUMENT # 10400052077
1. Corporation Name
PREMIER POLISHING & DETAILING INC

2. Principal Office Address
4311 1ST AVE SW

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State

Zip
34119

Country

Zip

Country

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida **3/22/2004**

5. FEI Number **20-0922640**

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
NATHAN MORAN

Street Address (P.O. Box Number is Not Acceptable) **4311 1ST AVE SW**

500080697475
10/10/06--01072--012 **300 00

Suite, Apt. #, Etc.

City
NAPLES

State
FL

Zip Code
34119

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

Date

REGISTERED AGENT MUST SIGN

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
P/D	NATHAN MORAN	4311 1ST AVE SW	NAPLES FL 34119
V	RICHARD ATKINSON	1520 PASSAIC AVE	FT MYERS FL 33901

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:



NATHAN MORAN

10-6-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

PREMIER POLISHING & DETAILING INC

4311 1ST Ave SW
Naples, Florida 34119
(239) 254-4414

October 2, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: FAILURE TO RECEIVE NOTICE OF ANNUAL REPORT

For the years 2005 and 2006 the corporation did not receive the annual report notice. We therefore request the reinstatement fee be waived. Attached is our REINSTATEMENT FORM and the filing fees for 2005 and 2006.

Sincerely,

A handwritten signature in black ink, appearing to read "Nathan Moran", followed by a long horizontal flourish.

Nathan Moran,
President

Attachments