

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 SEP 15 P 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000144354

1. Entity Name
CRYSTAL CLEAR CAR CARE CORP



Principal Place of Business

10461 SW 163 ST
MIAMI, FL 33157

Mailing Address

10461 SW 163 ST
MIAMI, FL 33157



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142009

REIN-P

CR2E098 (1/07)

4. FEI Number
20-1774787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ALFRED
10461 SW 163 ST
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name CHRISTOPHER CHIN

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

10461 SW 163 ST.

City Miami

FL

Zip Code

33157

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: *Christopher A Chin*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-14-09

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

TITLE D
NAME DAVIS, ALFRED
STREET ADDRESS 10461 SW 163 ST
CITY-ST-ZIP MIAMI, FL 33157 ☒ Delete

TITLE V
NAME MCLEARY, ROY ANTHONY
STREET ADDRESS 10461 SW 163 ST
CITY-ST-ZIP MIAMI, FL 33157 ☒ Delete

TITLE D
NAME EDWARDS, WILLIAMS
STREET ADDRESS 10461 SW 163 ST
CITY-ST-ZIP MIAMI, FL 33157 ☒ Delete

TITLE P
NAME CHIN, CHRISTOPHER
STREET ADDRESS 10461 SW 163 ST
CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600160680296
09/15/09--01022--010 ***300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT
08-09

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Christopher A Chin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-09

Date

Daytime Phone #