

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000159799

1. Entity Name
HANDZ ON CAR CARE & DETAILING SERVICES, INC.



FILED

07 JAN 19 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1780 N.W. 76TH STREET
MIAMI, FL 33147

Mailing Address
1780 N.W. 76TH STREET
MIAMI, FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



11142006 REIN: P. CR2E098 (11/05)

06-07

4. FEI Number

61-1509265

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

STANLEY, TERIKA
1780 NW 76TH STREET
MIAMI, FL 33147

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

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

(NOTE: Registered Agent signature required when reinstating)

11/29/06

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
STANLEY, TERIKA
1780 NW 76TH STREET
MIAMI, FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
STANLEY, TERIKA
1780 NW 76TH STREET
MIAMI, FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
900082553839
12/15/06--01004--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900082553839
12/15/06--01004--005 **150.00

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/06

Date

786-735-7454

Daytime Phone #

2082

TO whom it may concern. I
Terke White Stanley is writing this
letter to inform you that i didn't
recieve the Florida Business Annual
Report Application form in the mail
for 2006 nor any notice and I'm
asking. Please that the \$600.00 penalty
be waived. I called for the form
but was told that the forms was
on back order and soon as they
come in i would recieve the form
in the mail.

Thank you
MW 1/12/07