

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 25 AM 12:04

DOCUMENT # **P950000071860**

1. Corporation Name

Blaise Auto Detail 2c

2. Principal Office Address

519 E Merritt Isle Cswy

Suite, Apt. #, etc.

3. Mailing Office Address

519 E Merritt Isle Cswy

Suite, Apt. #, etc.

City & State

Merritt Island

Zip

32952

Country

USA

City & State

Merritt Island

Zip

32952

Country

USA

200005044612--7
-03/06/02--01005--026
****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1995

5. FEI Number

19-3338816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Chaplow, Blaise

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

519 E Merritt Island Cswy

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

[Signature]

Date

1/25/02

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
<i>P</i>	<i>Chaplow, Blaise</i>	<i>5399 South Propical Trail</i>	<i>Merritt Island Florida 32952</i>

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 under section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blaise Chaplow

1/25/02

Date

321-453-2664

Daytime Phone #

CR2E081 (9/01)