

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 25 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043204

1. Corporation Name

Cornerstone Carwash & Detail, Inc.

REINSTATEMENT 02-03
000025030199
11/25/03--01038--017 **908.75

2. Principal Office Address
106 - 22nd Street NE

Suite, Apt. #, etc.

3. Mailing Office Address
106 - 22nd Street NE

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip
34208

Country
USA

Zip
34208

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida May-5, 1997

5. FEI Number
593451846

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
Larry H. Steen

Street Address (P.O. Box Number is Not Acceptable)
106 - 22nd Street NE

Suite, Apt. #, Etc.

City
Bradenton

State
FL

Zip Code
34208

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

Larry H. Steen

REGISTERED AGENT MUST SIGN

Date 11/17/03

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	Larry H. Steen	106 - 22nd Street NE	Bradenton, FL 34208
S/T	Pam Steen	106 - 22nd Street NE	Bradenton, FL 34208

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY H STEEN

11/17/03

Date

9417490949

Daytime Phone #

CR2E081 (10/02)