

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN -3 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000083269**

1. Corporation Name

AUTO SHINE, INC

2. Principal Office Address

1435 MAIN ST

Suite, Apt. #, etc.

B

3. Mailing Office Address

1435 MAIN ST

Suite, Apt. #, etc.

B

City & State

DUNEDIN, FL

City & State

DUNEDIN, FL

Zip

34698

Country

PINELLAS

Zip

34698

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1997

5. FEI Number

593470373

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

0002

7. Name and Address of Current Registered Agent

Name

LADISLAV MAJOR

300004790478--2

-01/23/02--01019--004

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

3053 LANDMARK BLVD.

*****1058.75 *****

058.75

Suite, Apt. #, Etc.

1102

City

PALM HARBOR

State
FL

Zip Code

34684

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

Ladislav Major

REGISTERED AGENT MUST SIGN

Date

Jan. 2. 02.

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.	LADISLAV MAJOR	3053 LANDMARK BLVD 1102	PALM HARBOR, FL, 34684
W.	JUDITH MAJOR	3053 LANDMARK BLVD 1102	PALM HARBOR, FL, 34684

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:

Judith Major (JUDITH MAJOR)

Jan. 2. 02

727-784-4707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)