

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000104760**

1. Corporation Name

**DETAIL USA, INC.**

Principal Place of Business

10 W. ADAMS STREET  
STE 108  
JACKSONVILLE FL 32202  
US

Mailing Address

P O BOX 56426  
JACKSONVILLE FL 32241  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1998

5. FEI Number

59-3549184

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDTS	BRYAN, MICHAEL	P O BOX 56426	JACKSONVILLE FL 32241

*Proper*

400023923514  
10/20/03--01006--017 \*\*150.00

8. Name and Address of Current Registered Agent

BATECH, RICKY P  
5050 SUNBEAM ROAD, SUITE 3  
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

JACKSONVILLE

FL

32257

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE*  
*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/13/03

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 (904) 759-1385  
Date Daytime Phone #

CR2E040 (7/03)

**DETAIL USA  
PO BOX 56426  
JACKSONVILLE FL 32241**

To whom it may concern:

On April 3<sup>rd</sup> 2003 I mailed out my annual report and enclosed a check for \$150.00. It has recently come to my attention by one of your representatives Markita that this report and the check were not received. I am enclosing my annual report and another check for \$150.00 to take care of this matter.

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Please feel free to give me a call at 904-759-1385 when this is received.

FEI # 593549184

Sincerely,

Mike Bryan