


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000001658			
1. Corporation Name Technically APPLIED DETAILING inc.			
2. Principal Office Address - No P.O. Box # 587 S BISCAYNE RIVER DR		3. Mailing Office Address 587 S BISCAYNE RIVER DR	
Suite, Apt. #, etc. RIVER DR		Suite, Apt. #, etc. RIVER DR	
City & State MIAMI FLA		City & State MIAMI FLA	
Zip 33169	Country USA	Zip 33169	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 92			
5. FEI Number 650383913			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name DANIEL V JAMES			
Street Address (P.O. Box Number is Not Acceptable) 587 S. Biscayne River Drive			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33169
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		Date	
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
P	DANIEL V JAMES	587 S BISCAYNE RIVER DR	MIAMI FL 33169
VP	DIANA D JAMES	587 S BISCAYNE RIVER DR	MIAMI FL 33169
REINSTATEMENT 04-07			
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 contained in Chapter 119, 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: Daniel V James		Date: 4/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 7862234000	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Per telephone conversation with

04/18