

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 14 PM 12:29

DOCUMENT # 999000001658

1. Corporation Name

TECHNICALLY APPLIED DETAILING

2. Principal Office Address

587 S. BISCAYNE

Suite, Apt. #, etc.

RIVER DRIVE

City & State

MIAMI, FLORIDA

Zip

33169

Country

MIAMI DADE

3. Mailing Office Address

587 S. BISCAYNE

Suite, Apt. #, etc.

RIVER DRIVE

City & State

MIAMI, FLORIDA

Zip

33169

Country

MIAMI DADE

500025082455
11/26/03--01070--010 **750.00

06/13/00 90010 07 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

01-98

5. FEI Number

650-383913

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

DANIEL V JAMES

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

587 S BISCAYNE RIVER DR

Suite, Apt. #, Etc.

MIAMI

City

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/16/03

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
<u>President</u>	<u>DANIEL JAMES</u>	<u>587 S. BISCAYNE RIVER DRIVE</u>	<u>MIAMI, FLORIDA 33169</u>
<u>Vice President</u>	<u>DIANA JAMES</u>	<u>587 S. BISCAYNE RIVER DRIVE</u>	<u>MIAMI, FLORIDA 33169</u>

REINSTATEMENT

00-03

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] DANIEL JAMES

10/2/03

305 688 8617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

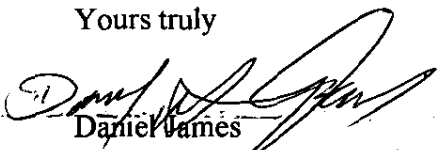
October 31, 2003

TO WHOM IT MAY CONCERN

Please be advised that I did not receive my form for payment for the year 2000 on behalf of my Corporation, Technically Applied Detailing Inc., I am, therefore, requesting a waiver for that year.2000.

I wish to thank you for your time and look forward to receiving your kind co-operation in this matter.

Yours truly



Daniel James
587 S. Biscayne River Drive
Miami, Fl. 33169.