

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000081095

1. Entity Name
RITE NOW MOBILE DETAILING INC.



FILED

05 JUL 14 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

IRA LEVITT
PO BOX 251
WINDERMERE, FL 34786

Mailing Address

IRA LEVITT
PO BOX 251
WINDERMERE, FL 34786

2. Principal Place of Business

9201 MCDavid CT

3. Mailing

PO BOX 251

Suite, Apt. #, etc.

Apt. #, etc.

City & State

WINDERMERE, FL

City & State

WINDERMERE, FL

Zip
34786

Country

ORANGE

Zip

34786

Country

ORANGE

04152005

REIN-P

CR2E098 (6/04)

4. FEI Number

59-3601612

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVITT, IRA P
9201 MCDavid CT
WINDERMERE, FL 34786

PO BOX 251
WINDERMERE
FL 34786

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME LEVITT, IRA PAUL
STREET ADDRESS 9201 MCDavid COURT
CITY- ST- ZIP WINDERMERE, FL 34786

☐ Delete

TITLE P
NAME LEVITT, IRA P
STREET ADDRESS 9201 MCDavid CT
CITY- ST- ZIP WINDERMERE, FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

400057477004
07/14/05--01063--006 **300.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
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TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/05 407 822-9147