

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

\$300.00

02 MAY -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000087936

1. Corporation Name

AUTO DETAILERS INC

2. Principal Office Address

493 N. FERDON BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

493 N. FERDON BLVD

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

City & State

CRESTVIEW, FL

Zip

32539

Country

Zip

32539

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/1999

5. FEI Number

59-3603511

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

FACKLER, MICHAEL H.

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

1305 JEFFERY SCOTT

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

36536

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]

Date

4-30-02

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 / Street / Zip
P	FACKLER, MARTA E	1305 JEFFERY SCOTT	CRESTVIEW, FL 32536
V	FACKLER, MICHAEL H JR	1305 JEFFERY SCOTT	CRESTVIEW, FL 32536
ST	FACKLER, MICHAEL H	1305 JEFFERY SCOTT	CRESTVIEW, FL 32536

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]

MICHAEL H. FACKLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-02

(850)689-1442

Daytime Phone #

Auto Detailers Inc.
493 N Ferdon Blvd.
Crestview, FL 32536

April 29, 2002

Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We did not receive 2001 Uniform Business Report for Auto Detailers Inc. We are submitting a reinstatement and request abatement of the \$600.00 penalty.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael H. Fackler", written in a cursive style.

Michael H. Fackler
Secretary/Treasurer