

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE	
	Jim Smith	
	Secretary of State	
	DIVISION OF CORPORATIONS	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000087936

1. Corporation Name

AUTO DETAILERS INC

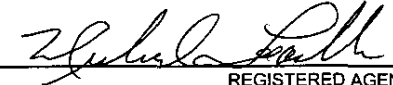
2. Principal Office Address		3. Mailing Office Address	
493 N. FERDON BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
CRESTVIEW, FL			
Zip	Country	Zip	Country
32536	US		

REINSTATEMENT 01-04	
4. Date Incorporated or Qualified To Do Business in Florida	
9/30/1999	
5. FEI Number	Applied For
59-3603511	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
\$875 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	State Zip Code
CRESTVIEW	FL 32536


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	2-4-04
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:		Michael H. Fackler	S/T	2-4-04	(850) 689-1442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #