

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -4 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V27010

1. Corporation Name **ONE STOP AUTO DETAIL, INC.**

Principal Place of Business Mailing Address
5390 West 12th Avenue 555 East 25th Street Ste 111
Hialeah, Florida. 33012 Hialeah, Florida. 33013-3839

600002709046--7
-12/10/98--01071--013
***1050.00 ***1050.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 555 E. 25th Street Ste 111 Suite, Apt. #, etc. Hialeah, Fl. 33013-3839 City & State Zip Country Miami-Dade		3. New Mailing Office Address, If Applicable 555 E. 25th Street Ste 111 Suite, Apt. #, etc. Hialeah, Fl. 33013-3839 City & State Zip Country Miami Dade		4. Date Incorporated or Qualified To Do Business in Florida 04/08/92
5. FEI Number 65-0326448		Applied For Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	GAITAN, JAVIER	891 NW 85 terr # 1515	Plantation Fl. 33324
REINSTATEMENT 96-98 TB 12/8/98			

8. Name and Address of Current Registered Agent

GAITAN, JAVIER
555 E. 25th Steet Suite 111
Hialeah, Florida. 33013-3839

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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] **JAVIER GAITAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-24-98