PLEASE READ	ALL INSTRUCTIONS	BEFORE COMP	LETING	THIS	FORM	١.

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ACCINO	
REINSTALEMENT	

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

REIN	STATEMENT W	יום	Secretary of COP			EC -3 AM	9: 15		
1. Corpora	JMENT # P97000 tion Name AUTO REPAIR, INC.	00338	38			RETARY OF AHASSEE, F		• .	
Principal Pl	ace of Business	Mailing Addre	953						
2765 FOREST HILL BOULEVARD 2765 FORES			ST HILL BOULEVARD I BEACH FL 33406						
If above a	addresses are incorrect in any way, line thro	ugh incorrect in	iformation and e	enter c	arrection below.				
2. New Pri	incipal Office Address, If Applicable	3. New Mail	ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt.	#, etc.	Suite, Apt. #,	ulte, Apt. #, etc.		01/13/1997 5. FEI Number Applied For				
City & State	3	City & State	City & State			65-0719492 Not Applicable			
Zip *	Country	Zip	C	ountry		6. CERTIFICATE	OF STATUS DESIRED 2 88.	75 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit co						
Title(s)	Name of Officers e(s) and/or Directors		3 (Do NO	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Num		umbers)	City / St	ate / Zip	
PD	POUDRATCHI, AHMAD 2765 FOREST HILL BOUL		LL BOULEVARD	WEST PALM BEACH FL 33406					
VD	/D KARIMI, ABBAS			2765 FOREST HILL BOULEVARD			WEST PALM BEACH FL 33406		
TD LAMEI, MOHAMMAD		2765 FOREST HILL BOULEVARD				WEST PALM BEACH FL 33406			
						31	00002707 -12/09/98 ****175.00	77335 01090003 ****175.00	
	8. Name and Address of Current I	Registered Age	ent			9. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			I Tin Codo			
			2		City		State FL	Zip Code	
Signature of Registered	Agent K	GISTERED A	SENT MUST SIG	3N	IRED	bligations of Secti		16-98	
	nis corporation owes or ha tangible Personal Propert				Yes 🗌	No 🗆	(See other on inches	de for infoldrighton rigible tax.)	
this rein	y that I am an officer or director or the receinstatement application, the reason for discretion by the corporation have been paid and the papell cation is true and accurate and my significant.	lution has been ames of individ	eliminated, the	corpor	rate name satisfies n do not qualify for	the requirements an exemption un	of section 607.0401 or 617.0	401, F.S., that all fees	

EFQUIRED
ME OF SIGNING OFFICER OR DIRECTOR

11-30-98 561-967-0522

Ec. A Auto Repair inc.

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To whom it may concern.

Regard to Ee! A Corporation; I never Recieve Any form of first or Second Notice to apply for 1998 Corporation. I like to Reinstate Ec! A As Corporation. I apologize for any inconumce

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