

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 26 PM 2:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000040360**

1. Corporation Name
CARS-R-US IMPORTS, INC.

Principal Place of Business	Mailing Address
8620 CHICORY COURT ORLANDO FL 32825	8620 CHICORY COURT ORLANDO FL 32825



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

2. New Principal Office Address, If Applicable CARS "R" US IMPORTS INC. 2212 S. Chickasaw Tr. P.M.B. 221 Orlando Fl. 32825	3. New Mailing Office Address, If Applicable CARS "R" US IMPORTS INC. 2212 S. Chickasaw Tr. P.M.B. 221 Orlando Fl. 32825	4. Date Incorporated or Qualified To Do Business in Florida 05/05/1998
		FEI Number 59-351-5626
		Applied For Not Applicable
		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.

7. Names and Direct Addresses of Directors (3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	AGHAJAN, ABBAS	8620 CHICORY COURT	ORLANDO FL 32825

600003040456--4
 -11/09/99--01105--009
 *****165.00 *****165.00

8. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	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
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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 _____ Date _____
 REGISTERED AGENT MUST SIGN

11. 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: *Katherine Harris* **ABBAS-AGHAJAN 10-18-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE/END (8/99)

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Cars "R" Us Imports Inc.
2212 S Chickasaw Tr. P.M.B.221
Orlando Fl 32825

Phone 407-382-2349
Fax 407-380-6262

Oct 18 1999

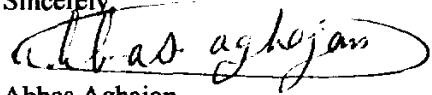
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O.BOX 6327
TALLAHASSEE FL 32314-6327

Dear sir or madam

We have received your notice of ADMINISTRATION DISSOLUTION OR REVOCATION through change of address . How ever our mailing address has been" Cars "R" Us Imports Inc. 2212 S. Chickasaw Tr. P.O. BOX 221 Orlando Fl. 32825" for more than a year but We did not receive any mail from your office. Also within this period post office requested that all the P.O. BOXES change to P.M.B. (personal mail box). Even at that point We did not receive any mail from your office and we lost some mail from other companies Which they thought We are out of business and this matter created a big problem for us.

I attached some documents and I hope I tried to clear this confusion to the best I could.

Sincerely



Abbas Aghajan