

PS 1 82

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 25 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000012063

**1. Corporation Name**

ZEE AUTO CENTER, INC.

2114 N. FORSYTH RD

200037289932  
05/25/04-01037-014 #308.75

**2. Principal Office Address**

2114 N. FORSYTH RD

**3. Mailing Office Address**

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32807

Country

USA

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 02/01/2001

**5. FEI Number**

52-2294590

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

IMRAN CHAUDHRY

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

5097 WELLINGTON PARK CIR

Suite, Apt. #, Etc.

D63

City

ORLANDO

State

FL

Zip Code

32839

**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

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 / State / Zip
PRESII	IMRAN CHAUDHRY PRESIDENT	5097 WELLINGTON PARK CIR D63	ORLANDO, FL 32839

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

PJ 2 32

ZEE AUTO CENTER, INC.  
2114 N.FORSYTH RD  
ORLANDO, FL 32807  
407-999-9918

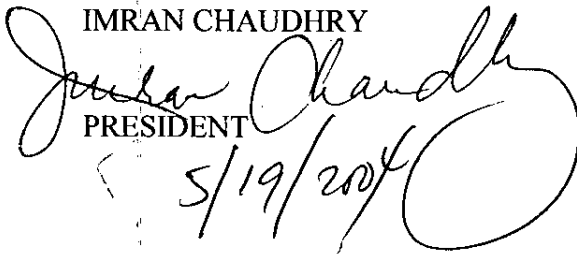
ATTN: REINSTAMENT DEPARTMENT

WE NEVER RECEIVED THE ANNUAL REPORT FOR YEAR 2003. WE HAVE  
MOVED TO 2114 N.FORSYTH RD, ORLANDO , FL 32807.

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IF YOU HAVE ANY QUESTIONS PLEASE CALL AT 407-999-9918

IMRAN CHAUDHRY

  
PRESIDENT  
5/19/2004