

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 11 AM 9:12

DOCUMENT # P01000043 802

1. Corporation Name

100018017101  
05/05/03--01098--008 \*\*150.00

MY CARS OF TAMPA BAY INC.

2. Principal Office Address

23 34 Sun Rise

Suite, Apt. #, etc.

DR. SE ST. PETE

City & State

FL

Zip

33705

Country

USA

3. Mailing Office Address

1811 9TH South

Suite, Apt. #, etc.

ST. PETERSBURG

City & State

FL

Zip

33712

Country

USA

REINSTATEMENT 03-04

5/5/03 01098 008 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida 04/30/2001

5. FEI Number 593713055

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

MEHDI BABUL

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

23 34 SUN RISE DR SE

Suite, Apt. #, Etc.

ST. PETERSBURG

City

State  
FL

Zip Code

33705

100018017101  
06/18/04--01007--002 \*\*150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/9/04

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
<u>D</u>	<u>MEHDI BABUL</u>	<u>2334 SUNRISE DR SE</u>	<u>ST PETE FL 33705</u>
<u>D</u>	<u>MIHA - SHAEDA</u>	<u>2334 SUNRISE DR SE</u>	<u>ST PETE FL 33705</u>

IDENTIFIED  
06/18/04--01007--002 \*\*1500.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/9/04

Daytime Phone #

727-6864544

CR2001 (01/04)

11<sup>th</sup> - 06 - 2004

From: Mr Babul Mehde <sup>TEL.</sup> 727-6864544  
<sup>ATT.</sup> To: Mrs Eula Peterson

I am very sorry for this situation to have occurred and my Secretary left without informing me of this matter, therefore I was unable to renew my Certificate earlier, now would resubmit.

I, now Submit these forms and Check to update this Certificate.

Thanking you in advance.

Rich R. Behl