

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082960

1. Corporation Name

20/20 AUTO CENTER, INC.

Principal Place of Business

PO BOX 1017
WILLISTON FL 32696

Mailing Address

PO BOX 1017
WILLISTON FL 32696



600009003936
11/14/02--01062--010 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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	4 City / State / Zip
D	SHABAHANG, MANOUCHEHR	PO BOX 1017	WILLISTON FL 32696
D	SAVIZPOUR, FARAMARZ	PO BOX 1017	WILLISTON FL 32696

8. Name and Address of Current Registered Agent

PAYNE, TRACIE L
234 SE 1 STREET
WILLISTON FL 32696

9. Name and Address of New Registered Agent

Name

TRACIE P. MAUNDER

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. or 617.0505, F.S.

Signature of
Registered Agent

Tracie P. Maunder
REGISTERED AGENT MUST SIGN

Date

11/07/02

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:

Shabhang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/07/02 (352) 529-2121

CR2E040 (8/02)

20/20 AUTO CENTER, INC.

P.O. Box 1017
Williston, FL 32696

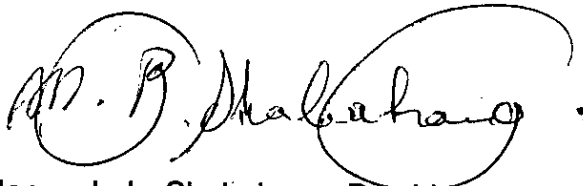
November 07, 2002

To whom it may concern:

Please find enclosed the signed UBR for the above mentioned corporation. As this is our first year in business we were not aware of the annual report due and do not recall receiving either previous notices. We have also enclosed a check in the amount of \$150.00 for the filing fee. At this time our corporation has not been able to begin business due to our building not being completed because the contractor has filed for bankruptcy and we have lost over \$5000.00 of contract work that had to be repaid in order to secure a second contractor to finish the job. Due to these circumstances, it would be a hardship to pay the \$600.00 reinstatement fee at this time.

We appreciate all consideration in this matter and look forward to your response.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. B. Shabahang", enclosed within a large, loopy circular flourish.

Manouchehr Shabahang, President