

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 MAY -2 PM 2:35  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 01000118354

**1. Corporation Name**

Kehan Kars, Inc.  
2307 Forsyth Road  
Orlando, Florida 32807

**2. Principal Office Address**  
2307 Forsyth Road

Suite, Apt. #, etc.

City & State  
Orlando, Florida

Zip  
32807

Country  
USA

**3. Mailing Office Address**  
2307 Forsyth Road

Suite, Apt. #, etc.

City & State  
Orlando, Florida

Zip  
32807

Country  
USA

**REINSTATEMENT**

02-05

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/13/2001

**5. FEI Number**  
80-0030709

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 Falahpour

Street Address (P.O. Box Number is Not Acceptable)  
2307 Forsyth Road

Suite, Apt. #, Etc.

City  
Orlando

State Zip Code  
FL 32807

500054687025  
05/17/05--01065--012 \*\*1200.00

**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 4-28-05

**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
D	Mehdi Falahpour	2307 Forsyth Road	Orlando, Florida 32807

**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]*

Director

4-28-05 407/671-1611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)