

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE:
AND
FILED

1/2 ATX1

05 MAY 19 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600055567786
06/01/05--01013--007 **150.00

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000148531

1. Corporation Name

BARJEES CARS INC

2. Principal Office Address

14456 SW 50TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

Zip

Country

33175

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/8/2003

5. FEI Number

20-0468014

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

FARHAN AFRIDI

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

14456 SW 50 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

3/17/05 80060 014
\$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]

Date **5/16/2005**

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
P	FARHAN AFRIDI	14456 SW 50 ST	MIAMI, FL 33175

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]

FARHAN AFRIDI

5/16/2005

(786) 217-5610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

Barjees Cars Inc.
14456 SW 50th Street
Miami, Florida 33175

May 16, 2005

Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Subject: BARJEES CARS INC

Ref: P03000148531

Enclosed please find the 2004 Application for Reinstatement, along with the payment of \$150.00.

We wish to request a waiver of the reinstatement fee, because we did not receive any previous notice from you in this regard, and did not realize that the payment had to be made.

We thank you for your understanding.

Sincerely,



Farhan Afridi
President