

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 25 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000106576

1. Corporation Name

SUNIL AUTO, INC.

2. Principal Office Address - No P.O. Box #

1013 CARTER ROAD

Suite, Apt. #, etc.

City & State

WINTER GARDEN

Zip

34787

Country

3. Mailing Office Address

301 GRAND ROYAL CIRCLE

Suite, Apt. #, etc.

City & State

WINTER GARDEN

Zip

34787

Country

REINSTATEMENT

CR2E081 (12/07)

07-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/20/2004

5. FEI Number

20-1388350

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

MOTIELALL HUSSEIN

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

301 GRAND ROYAL CIRCLE

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Motielall Hussein

Date

3/18/08

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	MOTIELALL HUSSEIN	301 GRAND ROYAL CIRCLE	WINTER GARDEN, FL 34787

100121217851
03/25/08--01032--018 **\$300.00

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 contained in Chapter 119, 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:

Motielall Hussein

03/18/2008

407-415-0994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3126