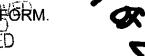
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



02 APR 22 PM 2: 07

	CORPORATION	
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SIGNATURE:

## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P950000	7436B
L C	Ţ	•

1. Corporation Name

SECRETARY OF STATE TALLAHASSEE, FLORIDA

6th Ave. A	ulo. Inc	ク・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・			
		· ·			
2. Principal Office Address	3. Mailing Office Add	iress			
213 ESIXTAVE.	213 <i>FS</i>	xth Ave.			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			porated or Qualified ness in Florida	26-95
City & State	City & State		5. FEI Numbe		Applied For
Tallahassee, Fl.	50	me	59-	333 <i>5968</i>	Not Applicable
Country 32303 Leon	Zip	Country	6. CERTIFICATE		Additional Fee required Certificate of Status
	7. Name and	d Address of Current Regist	ered Agent		_
Name Manizer  Street Address (P.O. Box Number  213	Shakil r js Not Acceptable) The Ave	201		<del>)00054921</del> -05/08/02010 *****300.00 *	<del>89</del>
Tallahassee	, , , , , , , , , , , , , , , , , , , ,			State Zip Code FL 32303	
8. I, being appointed the registered agent of the Signature of Registered Agent	ne above named corporation, a		e obligations of sec	Date 4/22/	02_
9. Names and Street Addresses of Each Office	er and/or Director (Florida nor	aprofit corporations must list a	t least 3 directors)		
Titles Name of Officers and/or Direction		Street Address of Ea Officer and/or Direc	tor	City / State /	Zip
P Hossein y N	loughari 212	3 E 6th Ave.	,	Tall - F1- 3	31303
P ManiJeh	Shakipai 213	B. E. Same	e 	Tou Pl	32303
	•				
				50-10	UBR
				- A N	1 100
10. I certify that I am an officer or director or this reinstatement application, the reason	or dissolution has been elimina	ated, the corporate name satis	fies the requiremen	napter 607 or 617, F.S. I further ce ts of section 607.0401 or 617.040 ider section 119.07(3)(i), F.S. The	1, F.S., that all fees

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I Manjeh Shakibai, president of The AVE AUTOINC. did not receive my 2001, UBR

Moth Such