

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Kathleen Harris

Secretary of State

DIVISION OF CORPORATIONS

01 OCT -5 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # P97000032341

1. Corporation Name

A-Auto Kars IncorporatedUBR

2. Principal Office Address

14221 SW 140 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

1999-2001 UBR4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0752342

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$75 Additional fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Tabrizi, Marzieh

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

14221 SW 140 ST

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33186900004661829-5  
-11/01/01--0100--019  
\*\*\*\*450.00 \*\*\*450.00

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 AgentMARZIEH TABRIZI

REGISTERED AGENT MUST SIGN

Date

8/24/01

## 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
<u>Dr.</u>	<u>MARZIEH TABRIZI</u>	<u>9635 S.W. 115 CT</u>	<u>MIAMI, FLA 33176</u>
<u>V.P.</u>	<u>BAMRAM SEDAGHAT</u>	<u>9635 S.W. 115 CT</u>	<u>MIAMI, FLA 33176</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARZIEH TABRIZI8/24/01

Date

Daytime Phone #

305 5927220

CR2001 (9/00)

202

**A-AUTO KARS INCORPORATED**  
**14388 S.W. 142 AVE.**  
**MIAMI, FL 33186**

May 18, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: "TABRIZI, MARZIEH"

Dear Sir/Madam:

Please be advised that I am an officer for the company known as *A-AUTO KARS INC* ~~"[REDACTED] Inc."~~

Unfortunately, we have experienced some problems in receiving our mail. As a result, we did not receive the 2000 Application to file the annual report for our company.

~~I spoke to a representative from your office yesterday, and was advised to send this letter and enclose a check in the amount of \$ 300.00 as a request that you waive the late fees in connection with the reinstatement of this company.~~

If you should have any questions, please feel free to call. Thank you for your assistance in this matter.

Sincerely,