

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

98 DEC -1 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000038934**

1. Corporation Name

**ATLAS IMPORTS ENTERPRISES, INC.**

Principal Place of Business	Mailing Address
9944 BEACH BLVD JACKSONVILLE FL 32246	9944 BEACH BLVD JACKSONVILLE FL 32246

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**REINSTATEMENT 98**

4. Date Incorporated or Qualified To Do Business in Florida	04/30/1997
5. FEI Number	59-325-1107
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PIRBAZARI, MOHSEN	13127 EVERETT COURT E	JACKSONVILLE FL 32225

7000002783467-11  
-12/04/98-01078-014  
\*\*\*750.00 \*\*\*750.00

*12/16/98*

8. Name and Address of Current Registered Agent

PIRBAZARI, MOHSEN  
9944 BEACH BLVD  
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name	State	Zip Code
Street Address (P.O. Box Number is Not Acceptable)	FL	
Suite, Apt. #, Etc.		
City		

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date *11/16/98*  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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]** **SIGNATURE REQUIRED** Date *11/16/98* (904) 641-9444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)