


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT 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

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

04/30/1997

5. FEI Number

59-3251107

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
D	PIRBAZARI, MOHSEN	13127 EVERRETT COURT E	JACKSONVILLE FL 32225

000003021740--0
-10/22/99-01012-007
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIRBAZARI, MOHSEN
9944 BEACH BLVD
JACKSONVILLE FL 32246

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/13/99

11. 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

Date

10/13/99

Daytime Phone #

(904) 641-9444

KE



ATLAS IMPORTS

(904) 641-9494 • (904) 641-6060 • FAX (904) 641-9981
9944 Beach Boulevard • Jacksonville, Florida 32216

2

October 13, 1999

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Document Number - P97000038934

Dear Sirs:

Per our telephone conversation of today's date, I am enclosing \$150.00, One Hundred Fifty Dollars and no/100's, for the reinstatement of Atlas Imports Enterprises, Inc. to active corporate status.

A notification to reinstate was never received by Atlas Imports, and was therefore overlooked. After having spoken with your representative, I have been assured that this matter will be resolved upon receipt of this letter with payment.

Thank you for your prompt consideration.

Sincerely,


Mohsen Pirbazari
Atlas Imports Enterprises, Inc.

10/13/99