

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 29 PM 4:02

STATE
REINSTATEMENT

DOCUMENT # P97000093912

1. Corporation Name

A & R PARS, INC.

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

3174 Evelyn Street

Suite, Apt. #, etc.

City & State

Tucker, GA 30084

Zip

30084

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

10-31-97

5. FEI Number
593473206

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 InCorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
17888 67th Court North

Suite, Apt. #, Etc.

City Loxahatchee

State
FL

Zip Code
33470

☒ 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 Janice S. [Signature] on behalf of Incorp Services, Inc.
REGISTERED AGENT MUST SIGN

Date 9/24/09

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>Pres</u> <u>CEO</u>	<u>Ali Reza Parsa</u>	<u>3174 Evelyn Street</u>	<u>Tucker, GA 30084</u>
<u>Asst.</u> <u>Secty.</u>	<u>Ted Marcus</u>	<u>3355 Lenox Rd. NE #1150</u>	<u>Atlanta, GA 30326-1335</u>
<u>Treas</u>	<u>Ali Reza Parsa</u>	<u>3174 Evelyn Street</u>	<u>Tucker, GA 30084</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 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: Ali Reza Parsa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/09
404-429-0239

Daytime Phone #

9/25/09