

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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~~CORPORATION~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 SEP 19 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

200001BR  
P4800029285

1. Corporation Name

Mid-Continental Quality Autos, Inc.

2. Principal Office Address

4215 S. Orlando Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Zip

32773

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/25/98

5. FEI Number

59-3530031

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

Sameer Asfoor

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

2885 Aloma Lake Run

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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

*[Signature]*

Date Sept. 15, 00

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
Pres.	Sameer Asfoor	2885 Aloma Lake Run Oviedo	Oviedo, FL 32765
Vice-Pres.	Ali Ismail	4215 S. Orlando Dr.	Sanford, FL 32773
Sec. & Treas.	Kristy Asfoor	2885 Aloma Lake Run	Oviedo, FL 32765

KE

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:

*Kristy Asfoor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00

Date

407-328-0055

Daytime Phone #

CR2E081 (9/99)

2 of 2

## Mid-Continental Quality Autos, Inc.

4215 S. ORLANDO DR  
Sanford, FL 32773 - U.S.A.

Phone: (407) 328-0055

Fax: (407) 328-0989

September 15, 2000

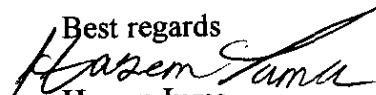
Dear Sir or Madam:

Please find enclosed signed Corporation Reinstatement Form along with \$150.00 check, for the Annual Report Fees and Corporate Supplemental Fee.

We apologize for not sending this Form with the Fees earlier, it was truly an oversight. When we realized the situation, we immediately contacted your office to comply with your requirement. We assure you, we will pay closer attention to filling our Annual report on time in the future, and would truly appreciate it if you can wave the additional late filling fees.

Thank you for your kind consideration.

Best regards



Hazem Juma  
Office Manager