

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -5 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091332

1. Corporation Name

UPTOWN IMPORTS, INC.

2. Principal Office Address
5201 E. Colonial Dr.

3. Mailing Office Address
5201 E. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32807-1814

Country

Zip

32807-1814

Country

000035536090
05/05/04--01051--004 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida **10/15/1999**

5. FEI Number
59-3605922

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

AFSHARI, HOSSEIN

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

5201 E. Colonial Dr.

Suite, Apt. #, Etc.

Orlando

City

Orlando

State

FL

Zip Code

32807-1814

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

REGISTERED AGENT MUST SIGN

Date **4/29/2004**

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
P	AFSHARI, HOSSEIN	5201 E. Colonial Dr. 5201 E.	Orlando, FL 32807-1814

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

04/29/2004

Date

(407) 648-4858

Daytime Phone #

CR2E081 (01/04)

As 2082

April 29, 2004

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

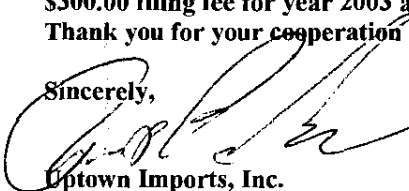
Dear Sir or Madam:

I never received my corporation annual report for year 2003 and 2004. I call your office today and explained the situation and your office helped me to get the right form to reinstate my corporation. I am changing the resisted agent to myself so you can mail me the form for next year.

Considering my situation, please remove the penalty from my balance. I have enclosed a check for \$300.00 filing fee for year 2003 and 2004.

Thank you for your cooperation

Sincerely,



Uptown Imports, Inc.
Hossein Afshari
750 N. Orange Ave.
Orlando, FL 32801