

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ⁹⁹
FOR ⁹⁷⁻⁹⁹
REINSTATEMENT



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

DOCUMENT # **V47-838**

99 JAN 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

16969 E. Colonial Dr. Corp.

Principal Place of Business

Mailing Address

16969 East Colonial Dr.
Orlando, Fl, 32820

~~699-0652~~

REINSTATEMENT 97-99

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

2. New Principal Office Address, If Applicable

Same above

3. New Mailing Office Address, If Applicable

P.O. Box 521711

4. Date Incorporated or Qualified To Do Business in Florida

7-6-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Longwood

5. FEI Number

59-3135491

Applied For

Not Applicable

City & State

City & State

Florida

Zip

Country

Orange

Zip

Country

32752-1711 Seminole

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVPST	Madjid Salehi	707 Spring Island Way	Orlando, Fl, 32828

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***1058.50 ***1058.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MIKE JABBARI

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

107 N. Longwood Ave.

Suite, Apt. #, Etc

City

Alt. Spgs

State

FL

Zip Code

32701

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

Mike Jabbari

REGISTERED AGENT MUST SIGN

Date 12-22-98

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:

Madjid Salehi

Madjid Salehi (President)

12-22-98 (407) 808-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)