

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Annual Report 1996
DOCUMENT # P95000074368

1. Corporation Name

6th Ave. Auto, Inc.

Principal Place of Business

Mailing Address

213 E. Sixth Ave.
Tallahassee, FL 32303

SAME

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

9/26/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3335968

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
President	HOSSEIN Y. MOUGHARI	213 E. SIXTH AVE.	Tallahassee FL 32303

~~788881995187-3~~
-11/04/96--01043--001
****225.00 ****225.00

MH

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOSSEIN MOUGHARI
213 E. SIXTH AVE.
Tallahassee, FL 32303

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 *Hossein Y. Moughari*
REGISTERED AGENT MUST SIGN

Date 11/4/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Hossein Y. Moughari*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-4-96

Daytime Phone #

CR2040 (12/95)

I, Hossein Y. Moughari, claim that I never received the annual Report for 1996 from Dept. of State. It was sent to the correct address, but probably was misplaced by my wife. please waive the reinstatement fee. Thank you.

Hossein Y. Moughari.
11-4-96