

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000074368 1. Entity Name 6TH AVE. AUTO INC.	
--	---


Principal Place of Business 213 E. SIXTH AVE TALLAHASSEE, FL 32303	Mailing Address 213 E. SIXTH AVE TALLAHASSEE, FL 32303
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	City & State Zip Country Zip Country
---	---	--

FILED

05 APR 25 PM 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent MOUGHAR, HOSSEIN 213 E. SIXTH AVE TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

4. FEI Number 59-3335968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete MOUGHARI, HOSSEIN Y 213 E. SIXTH AVE TALLAHASSEE, FL 32303	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT</div> 04-05
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4-25-05 222-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #