

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

*99AR*

**FILED**

99 DEC 27 AM 9:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **368526**

1. Corporation Name  
**BART NOTOWITZ, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>20020 NE 21 COURT<br>P.O. BOX 3270 (33169)<br>MIAMI FL 33179 | Mailing Address<br>20020 NE 21 COURT<br>P.O. BOX 3270 (33169)<br>MIAMI FL 33179 |
|---|---|



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

|  |  |
|--|--|
| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                          |
| City & State                                   | City & State                                 |
| Zip Country                                    | Zip Country                                  |

4. Date Incorporated or Qualified To Do Business in Florida  
**08/17/1970**

5. FEL Number **59-1367614** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| PD       | BERMAN, JOAN                      | 20020 NE 21 CT.                                | N. MIAMI BEACH FL  |
| S        | FELDMAN, YETTA                    | 20020 NE 21 CT.                                | N. MIAMI BEACH FL  |
| V        | BERMAN, LESLIE                    | 20020 NE 21 CR                                 | NORTH MIAMI BCH FL |

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 \*\*\*150.00 \*\*\*150.00

**TS**

8. Name and Address of Current Registered Agent

BERMAN, JOAN  
 20020 NE 21 CT.  
 MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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 *[Signature]* **SIGNATURE REQUIRED** Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Do NOT DETACH -

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**AMERICAN ACCOUNTING, INC.**

17001 Northeast Sixth Avenue  
North Miami Beach, Florida 33162

Phone (305) 653-7350

Fax (305) 653-5205

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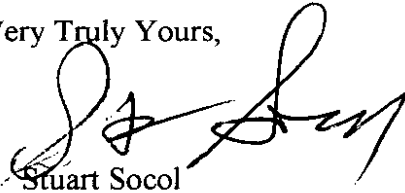
Fla. Dept. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Bart Notowitz Inc. Document # 368526 1999 Corporation Annual Report

My client Bart Notowitz Inc. document # 368526 never received the original 1999 Corporation Annual report or the second notice annual report. The post office recently delivered the notice of administrative dissolution form. I called your office in Tallahassee and explained the situation to them. They told me, mail them a letter of explanation the annual fee for \$150.00 and the report.

Please Review and Advise

Very Truly Yours,



Stuart Socol