

PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED
Apr 21, 2003 8:00 A.M.
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **826628**

1. Corporation Name

BAG SPECIALISTS INC

REINSTATEMENT 01-0.3

900015325809
 04/07/03--01002--018 **1058.75

2. Principal Office Address
3925 EAST 10TH COURT

3. Mailing Office Address
3925 EAST 10TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State
HIALEAH, FL

Zip Country
33013 DADE

Zip Country
33013 DADE

4. Date Incorporated or Qualified
 To Do Business In Florida **MAY 1981**

5. FEI Number Applied For
22-1739296 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
HARVEY STAHL

Street Address (P.O. Box Number is Not Acceptable)
3925 EAST 10TH COURT

Suite, Apt. #, Etc.

City
HIALEAH

State Zip Code
FL 33013

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 *Harvey Stahl*

Date **3/12/03**

REGISTERED AGENT MUST SIGN

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	HARVEY STAHL - D	26 WEDGEWOOD DRIVE	WEST ORANGE, NJ 07052

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)(l), 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: *Harvey Stahl*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY STAHL

PRES.

3/12/03

973-482-2255

Date

Daytime Phone #

CR2E081 (10/02)

gs 4/22