

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 MAY 29 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800104107208
06/08/07--01005--021 **750.00

REINSTATEMENT

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000071123

1. Corporation Name

BAROUH HACHEM INC

| | | | |
|---|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box # 9801 COLLINS AVENUE | | 3. Mailing Office Address 10796 PINES BLVD | |
| Suite, Apt. #, etc. 8-M | | Suite, Apt. #, etc. 204 | |
| City & State BAL HARBOUR, FL | | City & State PEMBROKE PINES, FL | |
| Zip 33154 | Country USA | Zip 33026 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida **06/27/02**

5. FEL Number **01-0734620** Applied For 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 **PATRICK MOYAL**

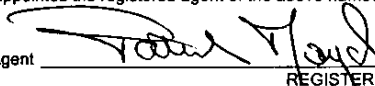
Street Address (P.O. Box Number is Not Acceptable) **10796 PINES BLVD**

Suite, Apt. #, Etc. **204**

City **PEMBROKE PINES, FL** State **FL** Zip Code **33026**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date **05/22/2007**

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 |
|--------|-----------------------------------|--|-----------------------|
| D | BERNARD MAMOU | 9801 COLLINS AVENUE | BAL HARBOUR, FL 33154 |
| D | HELYETTE MAMOU | 9801 COLLINS AVENUE | BAL HARBOUR, FL 33154 |
| D | DEBORAH MAMOU | 9801 COLLINS AVENUE | BAL HARBOUR, FL 33154 |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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:  HELYETTE MAMOU Date **05/22/2007** Daytime Phone # **786-312-0116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR