

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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 AVE

Suite, Apt. #, etc.

8-M

City & State

BAL HARBOUR, FL

Zip

33154

Country

MIAMI-DADE

3. Mailing Office Address

10796 PINES BLVD

Suite, Apt. #, etc.

204

City & State

PEMBROKE PINES, FL

Zip

33026

Country

BROWARD

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

State

FL

Zip Code

33026

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

REGISTERED AGENT MUST SIGN

Date 01/27/2010

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 AVE	BAL HARBOUR, FL 33154
D	HELYETTE MAMOU	9801 COLLINS AVE	BAL HARBOUR, FL 33154
D	DEBORAH MAMOU	9801 COLLINS AVE	BAL HARBOUR, FL 33154

10. E-mail Address: patrickmoyal@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/2010

Date

Daytime Phone #

FILED

10 FEB -2 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

500167767705
02/02/10--01012--013 **450.00

CR2E081 (11/09)

4. Date incorporated or Qualified To Do Business in Florida 06/27/2002

5. FEI Number 01-0734620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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.