

NON-16-1... 15:45

APPLICATION FOR REINSTATEMENT



EMPIRE CORP Katherine Harris Secretary of State DIVISION OF CORPORATIONS

305 541 3770 P.03/03

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FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

P93000017508

1. Corporation Name

BARED AND ASSOC., PA

Principal Place of Business

Mailing Address

3191 Coral Way Madison Circle Bldg. 3rd Floor Miami, Fl. 33145

13123 SW 64th Crt. Miami, Fl. 33156

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

2. New Principal Office Address, if Applicable 1500 San Remo Ave.

3. New Mailing Office Address, if Applicable 1500 San Remo Ave.

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc. Suite 177

Suite, Apt. #, etc. Suite 177

5. FEI Number 65-0406609

Applied For Not Applicable

City & State Coral Gables, Fl.

City & State Coral Gables, Fl.

6. CERTIFICATE OF STATUS DESIRED

Zip 33146

Country USA

Zip 33146

Country USA

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

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, Bared, Pablo R., 1500 San Remo Ave. #177, Coral Gables, Fl. 33146. Includes tax ID 300003068883 and dates.

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Pablo R. Bared Bared and Assoc., PA 1500 San Remo Ave., Suite 177 Coral Gables, Fl. 33146

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 607.0508, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/22/1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 taxes 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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pablo R. Bared

Date 11/22/1999

Phone (305) 666-6010