

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV - 6 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009634

1. Corporation Name
BAR-PAT, INC.

Principal Place of Business
1480 S MILITARY TRAIL
W PALM BEACH FL 33406
US

Mailing Address
1480 S MILITARY TRAIL
W PALM BEACH FL 33406
US



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/07/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0473888	
Country		Country		Applied For	
		USA		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SCHECKNER, PATRICIA	40 E 19 ST	NEW YORK NY 10003
VPST	SCHECKNER, BARRY	40 E 19 ST	NEW YORK NY 10003

REINSTATEMENT '97

SEC 11-6-97
400002345054-3
-11/12/97-01093-019
****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
UTRECHT, STEVEN T. 4800 N FED HWY STE 300 BOCA RATON FL 33431		Name: STEVEN T. UTRECHT, ESQ. Street Address (P.O. Box Number is Not Acceptable): 2295 CORPORATE BLVD Suite, Apt. #, Etc.: SUITE 211 City: BOCA RATON State: FL Zip Code: 33431	

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: *Steven T. Utrecht* REGISTERED AGENT MUST SIGN: STEVEN T. UTRECHT Date: 10/22/97

11. This corporation owes or has paid 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 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Barry Scheckner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Barry Scheckner, Vice-President
Date: 10/22/97 Daytime Phone #: 212 8082836

CR2E040 (8/97)