

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

375.00

97 JAN 29 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013849

1. Corporation Name
G.W.BADER, INC.

Principal Place of Business Mailing Address
~~121 SE 12TH CT.~~ ~~121 SE 12TH CT.~~
~~POMPANO BEACH FL 33060~~ ~~POMPANO BEACH FL 33060~~
950 SW 12 AVE Po Box 10582
POMPANO BEACH FL 33069 Pompano Beach FL 33060



REINSTATEMENT

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 02/18/1994 5. FEI Number 65-0466824 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	BADER, GARY W	121 SE 12TH CT	POMPANO BEACH FL 33060
P	BADER, WILLIAM	220 SW 18 ST POMPANO BEACH FL 33060	
/			200002073762--1 -01730797--01058--021 ***375.00 ***375.00

8. Name and Address of Current Registered Agent: MANCINI, FRANK J, 2128 HOLLYWOOD BLVD., HOLLYWOOD FL 33020
9. Name and Address of New Registered Agent: Name, Street Address, Suite, Apt. #, Etc., City, State, Zip Code

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: [Signature] Date: 12-11-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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: [Signature] 12-11-97
Date Daytime Phone #

CR2E040 (7/96)