

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

W99-28601

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

BARGAIN PRODUCTS, INC
P 97 000031575

Principal Place of Business

Mailing Address

267 East Flagler St
Miami, FL

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

04/08/97

Suite, Apt. #, etc.

~~SAME AS~~

Suite, Apt. #, etc.

City & State

~~ABOVE~~

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

~~STATE CORPORATION~~
 ~~OTHER CORPORATION~~

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

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
PRES DIR	RAY SHOVA	267 E. Flagler St	MIAMI, FL
Secy. TREAS DIR	ALISA SHOVA	" "	" "
			100003095221--1 -01/11/00--01094--021 ****900.00 ****900.00
			100003095221--1 -01/11/00--01094--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

FRANK M. MARKS
2701 SW 3rd AVE
MIAMI, FL 33129

9. Name and Address of New Registered Agent

Name: SAME
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 607.0505, F.S.

Signature of Registered Agent

Frank Marks

Date

REGISTERED AGENT MUST SIGN

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 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:

Alisa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/99
Date

954 4727370
Daytime Phone #

KE