

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

03 FEB 28 PM 2:37

DOCUMENT # **P97000031575**

1. Corporation Name
BARGAIN PRODUCTS, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 267 E. FLAGLER STREET MIAMI FL 33129	Mailing Address 267 E. FLAGLER STREET MIAMI FL 33129
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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 04/08/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0779990
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SHOUA, RAY	267 E. FLAGLER STREET	MIAMI FL 33129
STD	SHOUA, ALISA	267 E. FLAGLER STREET	MIAMI FL 33129
			200009397422 01/24/03--01079--005 **150.00
			200009397422 12/06/02--01036--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MARKS, FRANK M
 2701 SW 3RD AVENUE
 MIAMI FL 33129**

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
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. or 617.0505, F.S.

Signature of Registered Agent

Signature of Frank M. Marks
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **11/15/02**

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 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 of Alisa Shoua*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/10/02** Daytime Phone # **954 4727370**

CRPD040 (8/02)

Zed C

TO: FC Dep of state
From: Bargain products corp.
ALISA STOUA U.P

11/6/02

Re: DOC # P97000031575
FEI # 65-0779990

Dear SIRs:

When I sent you check # 7643 for the amount of \$550.- for reinstatement of the above corp, I was sure the amount of \$150.- is for Ann. Report 2002 (ref # P97000031575, 07/24/2001) since I have not received any other request for Annual Fee 2002 I was sure 2002 is paid in full.

please wave the late fee of 400.-, I will send you immediately check for 2002 + 2003 Ann. Report

Thanks for your consideration

Alisa Stoua.