

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 DEC 23 PM 1:24

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 287629

1. Corporation Name

BARKAY INVESTMENTS, INC.

4280 NORTH HILLS DRIVE

2. Principal Office Address

4280 NORTH HILLS DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

Zip

33021

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 12/10/65

5. FEI Number

59-1087431

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SCHWARTZ, KENNETH J.

Street Address (P.O. Box Number is Not Acceptable)

4280 NORTH HILLS DRIVE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State
FLZip Code
33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SCHWARTZ, KENNETH J.	4820 NORTH HILLS DRIVE	HOLLYWOOD, FL 33021
D	SCHWARTZ, MAXINE	4820 NORTH HILLS DRIVE	HOLLYWOOD, FL 33021

700043612037
12/23/04--01035--009 **\$600.00

10. 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)(f), 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

KENNETH J. SCHWARTZ

Date

Daytime Phone #

12-20-04

954-558-4633

CR2ED81 (01/04)