

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
*99AR*  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 27 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 368526

1. Corporation Name

BART NOTOWITZ, INC.

Principal Place of Business

Mailing Address

20020 NE 21 COURT  
P.O. BOX 3270 (33169)  
MIAMI FL 3317920020 NE 21 COURT  
P.O. BOX 3270 (33169)  
MIAMI FL 33179

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

08/17/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. F.E.L. Number

59-1367614

Applied For

Not Applicable

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED I

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BERMAN, JOAN	20020 NE 21 CT.	N. MIAMI BEACH FL
S	FELDMAN, YETTA	20020 NE 21 CT.	N. MIAMI BEACH FL
V	BERMAN, LESLIE	20020 NE 21 CR	NORTH MIAMI BCH FL
			000003088280--7 -01/05/00--01009--013 ****150.00 ****150.00
		TS	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERMAN, JOAN  
20020 NE 21 CT.  
MIAMI BEACH FL 33179

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.

Signature of  
Registered Agent*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

- Do NOT DETACH -

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**AMERICAN ACCOUNTING, INC.**

17001 Northeast Sixth Avenue  
North Miami Beach, Florida 33162

Phone (305) 653-7350

Fax (305) 653-5205

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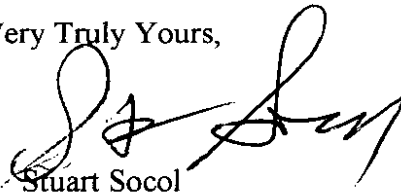
Fla. Dept. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Bart Notowitz Inc. Document # 368526 1999 Corporation Annual Report

My client Bart Notowitz Inc. document # 368526 never received the original 1999 Corporation Annual report or the second notice annual report. The post office recently delivered the notice of administrative dissolution form. I called your office in Tallahassee and explained the situation to them. They told me, mail them a letter of explanation the annual fee for \$150.00 and the report.

Please Review and Advise

Very Truly Yours,



Stuart Socol

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