PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

636372

1. Corporation Name

B.A.C.H. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

14500 W DIVIE LINE

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



•		NORTH MIAMI FL 33161-3031			T THE THE BUILD BUILD BUILD WHICH WERE STATE OF THE BUILD BU		
If above addresses are incorrect in any way, line through incorrect information and enter correction							
2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #	etc,	AGENAPIAS, SIC.	gic Con all		09/17/1979		
City & State	}	Gilv & Silete	997	5. FEI Number	59-2005214	Applied For	
N.M.	B, Country	N. M. B. 11	_ 0	6.	*******	Not Applicable 5 Additional Fee required	
3316	Country	33160 0	75A	CERTIFICATE C	OF STATUS DESIRED (fo	r 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 2		reet Address of Each fficer and/or Director	·	City / Sta	te / Zip	
PD	EDELSON, BARRY	RY 14500 W DIXIE HWY 3 1 7 5 NE		715 N. MIGM. Beh FL.			
VP	EDELSON, ARTHUR 14500 W DIXIE		HWY Drive		MIAMIFE MIAMIBOOLA 1	2 33/39	
			-tay				
				5 0	10903532 01/11/010 *****750,00	6151 1041013 *****750.00	
					00:	78	
8. Name and Address of Current Registered Agent							
	o. Name and Address of Current R	Name	9. Name and Address of New Registered Agent Name				
EDELS	ON, BARRY	Street Address (P.O. Box Number is Not Acceptable)					
14500 W DIXIE HWY 3745 NE 1715+							
NORTI			Suite, Apt. #, Etc.				
NORTH MIAMI FL FL 33161 Nr. M.A. Buh FL 3360			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 Date 12/26/200 Date 12/26/200							
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.							

EDELSON