PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

97 JUL 24 AM 9:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755472

1. Corporation Name
THE BACHELORS, INC.

W97-15529

Principal Place of Business: N/A

Mailing Address: PO BOX 140611 CORAL GABLES, FL 33114-0611

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12-5-1980

5. FEI Number: 65-031875 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D P	PETER E PIANES II	2 LAGORCE CIRCLE	MIAMI BEACH, FL 33141
D T	JAMES H. DAVIS	347 NE 104th ST.	MIAMI SHORES, FL 33138
* D S	MICHAEL ALVIN STRAHM	1717 BAYSHORE DR. #3752	MIAMI, FL 33132
V	JASON LOUIS ZABALETA	9905 SW 131ST STREET	MIAMI, FL 33176

REINSTATEMENT 7/24/97

8. Name and Address of Current Registered Agent

ROBERT HUNTINGTON DAVIS III
384 NE 94th STREET
MIAMI SHORES, FL 33138

9. Name and Address of New Registered Agent

Name: JAMES H. DAVIS
Street Address (P.O. Box Number is Not Acceptable): 347 NE 104th ST
Suite, Apt. #, Etc.:
City: MIAMI SHORES FL 33138

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-07/23/97--01128--011
****306.25 ****306.25

CR2E040 (12/95)

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: 30 JUNE 97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: _____ JAMES DAVIS 30 JUNE 97 305-751-1692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #