

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 24 AM 8:00

DOCUMENT # 755472

1. Corporation Name

The Bachelors, Inc

500041320445
09/24/04--01044--001 **297.50

2. Principal Office Address

7831 SW 54 ct

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33143

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1950

5. FEI Number

65-0313875

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

Scott Richey

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

7831 SW 54 ct.

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33143

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

Scott Richey, Treasurer

REGISTERED AGENT MUST SIGN

Date

9/20/04

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
Pres	Jonathan Parker	560 W. 51 st.	Miami Beach, FL 33140
VP	Michael Schaff	510 Kirk St.	Coconut Grove, FL 33127
Treas	Scott Richey	7831 SW 54 ct.	Miami, FL 33143

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Richey

Date

9/20/04

Daytime Phone #

305-789-1378

CR2E081 (01/04)