


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

05 NOV 28 PM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000737			
1. Entity Name BARTHCO INTERNATIONAL, INC.			
Principal Place of Business 1825 N.W. 87TH AVE MIAMI, FL 33172 US		Mailing Address 7575 HOLSTIEN PHILADELPHIA, PA 19153 US	
2. Principal Place of Business		3. Mailing Address <i>5101 South Broad ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Phila PA</i>	
Zip	Country	Zip	Country
<i>19112</i>	<i>USA</i>	<i>19112</i>	<i>USA</i>
4. FEI Number 23-1733430		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS COLGAN, DENNIS JR. 12 COVE ROAD MOORESTOWN, NJ 08057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060896920 10/24/05--01057--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ERCOLANI, JOHN D 2 DEVON ROAD CINNAMISON, NJ 08077 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUEE, ROBERT CHIN 1095 MIDLAND ST UNIONDALE, NY 11553 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS COLGAN, DENNIS JR. 12 COVE ROAD MOORESTOWN, NJ 08057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WEISS, DAVID M 6030 MAIN STREET VOORHEES, NJ 08043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all changes indicated.			
SIGNATURE: <i>[Signature]</i>		Date _____	