

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F94000000737

1. Entity Name
BARTHCO INTERNATIONAL, INC.



06 OCT 31 PM 2:22

Principal Place of Business
1825 N.W. 87TH AVE
MIAMI, FL 33172 US

Mailing Address
5101 SOUTH BROAD STREET
PHILADELPHIA, PA 19112 US



1024200611KREIN.P (CR2E098 (11/05))
REINSTATEMENT

4. FEI Number
23-1733430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

Signature of person or entity designated agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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

NAME	CPS	☐ Delete
STREET ADDRESS	COLGAN, DENNIS JR.	
CITY-STATE-ZIP	12 COVE ROAD MOORESTOWN, NJ 08057	
NAME	VT	☐ Delete
STREET ADDRESS	ERCOLANI, JOHN D	
CITY-STATE-ZIP	2 DEVON ROAD CINNAMISON, NJ 08077	
NAME	V	☐ Delete
STREET ADDRESS	QUEE, ROBERT CHIN	
CITY-STATE-ZIP	1095 MIDLAND ST UNIONDALE, NY 11553	
NAME	CEOS	☐ Delete
STREET ADDRESS	COLGAN, DENNIS JR	
CITY-STATE-ZIP	12 COVE ROAD MOORESTOWN, NJ 08057	
NAME	COO	☐ Delete
STREET ADDRESS	WEISS, DAVID M	
CITY-STATE-ZIP	6030 MAIN STREET VOORHEES, NJ 08043	
NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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10/31/06--01033--005 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or is indicated on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date and Phone

10/24/06 267-570-2957