PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AKO
FILED
97 NOV -7 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F95000000535**

1. Corporation Name

BARTH-SPENCER CORPORATION

Principal Place of Business	Mailing Address
3890 PARK CENTRAL BLVD., NORTH POMPANO BEACH FL 33064	865 MERRICK AVE WESTBURY NY 11590 US

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: 02/01/1995

5. FEI Number: 11-2589841 ☐ 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
~~P~~ CD	ASHKIN, MICHAEL	865 MERRICK AVENUE	WESTBURY NY
~~V~~ AS	~~RABKIN, JEROME~~ Sbraci, Justina	865 MERRICK AVENUE	WESTBURY NY
S	ASHKIN, LAURA	865 MERRICK AVENUE	WESTBURY NY
T	ASHKIN, SHEILA	865 MERRICK AVENUE	WESTBURY NY
V	CAPUTO, MICHAEL	865 MERRICK AVENUE	WESTBURY NY
P	Ashkin, Carl	865 Merrick Avenue	Westbury, NY

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET,
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: **REINSTATEMENT** a Ashkin 11/7/97

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

Suite, Apt. #, Etc.: 100000294502l---5
-11/12/97--01092--008
*****750.00 *****750.00

City: State: FL Zip Code:

CR2E040 (8/97)

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: Karen B. Rozar — REGISTERED AGENT MUST SIGN — Date:

Karen B. Rozar, As Its Agent
(See other side for information on intangible tax.)

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

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: Justina Sbraci Justina Sbraci 10/31/97 Asst Secretary
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Daytime Phone #