

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
L02000017358
FLORIDA DEPARTMENT OF STATE
Gloria A....
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

04 APR -5 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000017358
Name and Mailing Address

0008156 01 AT 0.292 **AUTO TO 0 0615 33306-131533

BARTH'S INVESTMENTS, LLC
1933 NORTHEAST 27TH STREET
WILTON MANORS FL 33306-1315



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1933 NORTHEAST 27TH STREET WILTON MANORS FL 33306		5. Date Organized or Qualified To Do Business in Florida 07/10/2002	
3. New Principal Place of Business Address City, State, Zip 1540 NE 40th OAKLAND PARK 33334 FL		6. FEI Number 55-0786423 Applied For Not Applicable	
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, PA. 1840 SOUTHWEST 22 STREET 4TH FL MIAMI FL 33145		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 3/30/04
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	CHRISTIAN BARTHELEMY	1540 NE 40th OAKLAND PARK FL 33334	OAKLAND PARK FL 33334 200029384238 04-25/04--01016--010 **200.00

REINSTATEMENT 2003-04

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager SIGNATURE REQUIRED Date 2/15/04 Daytime Phone #
Typed or printed name of signing Managing Member/Manager