ATTACHMENT 1 of 2

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M75732

1. Entity Name
BAR FIG, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 DEC 31 AM 8:54

Principal Place of Business	Mailing Address
8411 BLANDING BLVD. JACKSONVILLE, FL 32244	8411 BLANDING BLVD. JACKSONVILLE, FL 32244

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5292 South Dr	5292 South Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jacksonville Fl	City & State Jacksonville Fl
Zip 32208 Country	Zip 32208 Country

04212008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2890281
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELKINS, J. H., JR. 720 ST JOHNS BLUFFER N #4 JACKSONVILLE, FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) 720 St Johns Bluff N 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 _____ DATE
Specify title, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when Administrative)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, BHARAT ~~8411 BLANDING BLVD.~~ JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5292 South Dr Jacksonville Fl 32208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 05/09/08 90007 048
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2008 KS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 05/09/08--90007--048 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900139387839 05/09/08--90007--048 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12/24/08 XMAS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary Of State

Attached is a signed copy of the 2008 Annual Report for Barfig, Inc. and a copy of the cancelled check paying the fee.

Apparently the original report was not signed. We did not receive you notices regarding the unsigned report because of the address change.

Please waive the penalty and accept this report.

Barry Patel