

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000016954

1. Corporation Name

BARPROP CORP.

2. Principal Office Address

231 NE 21ST STREET

3. Mailing Office Address

900 E ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 17

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33060

Country

USA

Zip

33060

Country

USA

FILED

04 MAY 10 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *03-84*

500035830155
05/10/04--01105--012 **750.00

500035830155
05/10/04--01105--013 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida: 02/14/2000

5. FEI Number
65-1004955

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~MITCHELL GRANAT ESO~~

ALAN D. STUPARITZ

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

~~4214 SE 2 AVE~~

900 E. ATLANTIC BLVD

Suite, Apt. #, Etc.

~~SUITE 201~~

SUITE 17

City

~~FT LAUDERDALE~~

POMPANO BEACH

State

FL

Zip Code

~~33346~~

33060

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

4-30-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	DENNIS F BERNARDI	231 NE 21ST ST	POMPANO BEACH FL 33060

10. 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:

Dennis Bernardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2004

Date

954-783-5030

Daytime Phone #

CR2E081 (01/04)