

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 AM 9:12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000009070

1. Corporation Name

BGAR FOOD CORP

REINSTATEMENT

04-05

2. Principal Office Address

750 W LAKE MARY BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

750 W LAKE MARY BLVD

Suite, Apt. #, etc.

City & State

SANFORD FLORIDA

City & State

SANFORD FLORIDA

Zip

32773

Country

USA

Zip

32773

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1/23/2001

5. FEI Number

27-0003892

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

FELIX GARDEN

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

750 W LAKE MARY BLVD

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32773

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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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 10/20/05

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
PD	FELIX GARDEN	750 W LAKE MARY BLVD	SANFORD FLORIDA 32773

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:

[Handwritten Signature]

10/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John L. Bradshaw, P.A.
CERTIFIED PUBLIC ACCOUNTANT

Member: A.I.C.P.A.
F.I.C.P.A.

November 1, 2005

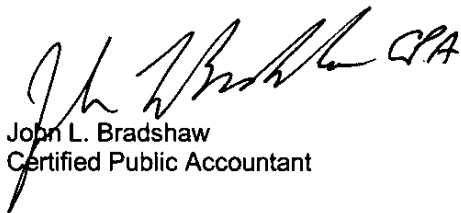
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: BGAR Food Corp (P01000009070)

Dear Sirs:

Enclosed please find the Corporation Reinstatement application and payment in the amount of \$300.00 for the annual corporation fees for the year 2004 and 2005 for the listed company. My client is requesting waiver of any additional reinstatement fees on the basis that his renewal notices were not received due to an incorrect address. My client was forced to move his offices due to financial hardships and did not receive the 2004 or 2005 postcards to renew. It was only when my client was consulting with me in my office today that we visited the Sunbiz website and found the administrative dissolution since 10/1/04.

Cordially,



John L. Bradshaw
Certified Public Accountant

CC: Felix Garden, President

Enclosures