

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 24 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300013031453  
02/24/03--01057--001 \*\*300.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 001000027289

1. Corporation Name Barcon Resolutions, Inc.

**2. Principal Office Address**

290 NW 165<sup>th</sup> St.

Suite, Apt. #, etc.

PH-4

City & State

Miami, FL

Zip 33169

Country USA

**3. Mailing Office Address**

290 NW 165<sup>th</sup> Street

Suite, Apt. #, etc.

Penthouse 4

City & State

Miami, FL

Zip 33169

Country USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/13/2001

**5. FEI Number**

31-1770646

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

Mark D. Feinstein

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

290 NW 165<sup>th</sup> Street

Suite, Apt. #, Etc.

Penthouse 4

City

miami

State  
FL

Zip Code

33169

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

2/20/03

**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
D.	Mark D. Feinstein	290 NW 165 <sup>th</sup> St. PH 4	Miami, FL 33169

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Mark Feinstein Dir.

Date

2-20-03

Daytime Phone #

305-944-4777

CR2E081 (10/02)

2/26

LAW OFFICES  
**FEINSTEIN & SOROTA, P.A.**

PENTHOUSE 4 - CITICENTRE  
290 NORTHWEST 165TH STREET  
MIAMI, FLORIDA 33169

MARK D. FEINSTEIN  
ALAN M. SOROTA\*  
\*ALSO ADMITTED IN COLORADO

TELEPHONE (305) 944-4777  
FAX (305) 944-4888

February 20, 2003

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

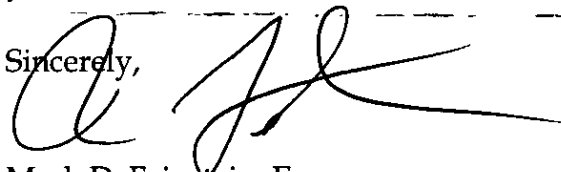
RE: Barcon Resolutions, Inc.  
Reinstatement of Corporation

Dear Sirs:

Pursuant to my telephone conversation earlier today with one of your representatives, I am enclosing a check in the amount of \$300.00 for the reinstatement of Barcon Resolutions, Inc. Due to an error in the address listed on the Annual Reports, they were not received by this office and in turn, were being returned to the Division of Corporations. The representative I spoke with stated that the fee we were to pay for the reinstatement was \$300.00 (\$150.00 for the years 2002 and 2003, for a total of \$300.00).

Should you have any questions, please do not hesitate to contact me and thank you for your attention to this matter.

Sincerely,



Mark D. Feinstein, Esq.  
Director / Registered Agent

MDF:ch