

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 DEC -9 PM 12:13

TALLAHASSEE, FLORIDA

DOCUMENT # P01000041975

1. Corporation Name

BARGODS, INC.

Principal Place of Business

11762 N KENDALL DRIVE, #141
MIAMI FL 33186

Mailing Address

11762 N KENDALL DRIVE, #141
MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2001

5. FEI Number

651097671

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JOSEPH, DANIEL C	8313 SW 107 AVE STE B	MIAMI FL 33173
C/D/T	SMITH, JASON T	8313 SW 107 AVE STE B 8341 SW 107 AVE STE C	MIAMI FL 33173
D/P/S	HAGAN, GARETT W	8339 SW 107 AVE STE B	MIAMI FL 33173
V/D	ALFONSO, ENIVALDO	12950 SW 107 TERR	MIAMI FL 33186
D	DIAZ, FREDDY	51 PEN-NA-NA DR	HALEAH FL 33010

8. Name and Address of Current Registered Agent

HAGAN, GARETT
11762 N. KENDALL DRIVE, #141
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/15/02

11. 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]

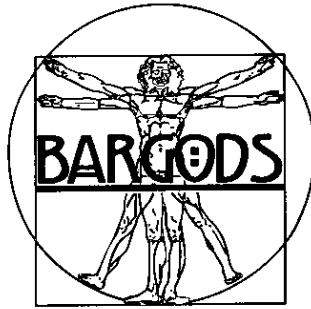
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALFONSO 11.15.02 (305) 401-0040

CR2E040 (802)



November 15, 2002

Florida Department of State
Jim Smith, Secretary of State
Division of Corporations
PO BOX 6327
Tallahassee FL 32314

Dear Mr. Smith or Representative:

Attached, please find a copy of the cancelled check that was processed by your department for BarGods Inc. 2002 corporation annual report/uniform business report. We are uncertain as to the reason for our company's dissolution or revocation, since we have not received any communication stating the cause.

Please contact me at your earliest convenience to discuss the reinstatement of our company.

Sincerely,

A handwritten signature in dark ink, appearing to read "Eny Alfonso". The signature is fluid and cursive, with the first name "Eny" and last name "Alfonso" clearly distinguishable.

Eny Alfonso
Director, Sales & Marketing
BarGods Inc.
11762 N KENDALL DR, STE 141
M IAMI FL 33186-2102

Document #: P01000041975

FEI #: 651097671