

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -2 AM 8:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000002063

1. Corporation Name

Bar Investments Group, Inc

500156671945
06/02/09--01021--025 **450.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #

3340 NE 190 ST #1504

3. Mailing Office Address

3340 NE 190 ST #1504

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura FL

City & State

Aventura FL

Zip

33180

Country

Zip

33180

Country

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

1/7/2002

5. FEI Number
26-0031323

☐ 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
GEVA BAR

Street Address (P.O. Box Number is Not Acceptable)
3340 NE 190 ST #1504

Suite, Apt. #, Etc.

City
Aventura

State
FL

Zip Code
33180

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 4/29/2009

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	BAR, DANY	3340 NE 190 ST #1504	Aventura FL 33180
DVST	BAR, ORA	3340 NE 190 ST #1504	Aventura FL 33180

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2009

Date

305-776-6540

Daytime Phone #

6/14/09