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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -5 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000123264**

1. Corporation Name

BAEIS. INC.

2. Principal Office Address

6512 S. BAYSHORE
Suite, Apt. #, etc.

3. Mailing Office Address

SARIL
Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33611

Country

HILLSBOROUGH

Zip

Country

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

12/27/02

5. FEI Number

37-1449926

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

M.D. LUETBERT

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

6512 S. BAYSHORE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33611

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**

M.D. Luetbert

Date

10/4/04

REGISTERED AGENT MUST SIGN

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
P/N/A	M.D. LUETBERT	6512 S. BAYSHORE	TAMPA, FL 33611

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

M.D. Luetbert

Date

10/4/04

Daytime Phone #

813-4041240

CR2E081 (01/04)

292
M. D. LUETGERT & ASSOCIATES, INC.
RECEIVER / ASSET MANAGEMENT

TELEPHONE: (813) 250-0604

Facsimile: (813) 250-0835
Cell: (813) 404-1240
E-Mail: mluetgert@aol.com

P.O. Box 856
Tampa, FL 33601
3808 W. San Nichols St.
Tampa, FL 33629

September 14, 2004

Department of State
Division of Corps.
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement

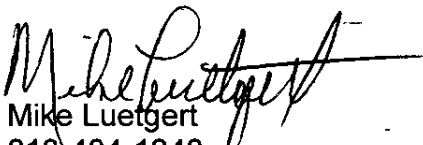
Dear Sir:

Per my conversation with your office today, I am enclosing \$150.00 for reinstatement of Baris, Inc. The notice regarding this was never received as the building address to which it was sent has been a new CVS drugstore for over a year. The correct address for the corporation is 6512 S. Bayshore, Tampa, FL 33611. I realize that substantial fees were paid and ask that you accept this payment for reinstatement.

It is my understanding that creating a new corporation would be much less, however, I would like to keep this one.

PLEASE change your mailing records to reflect an address that the mailman can actually deliver to.

Thanks,


Mike Luetgert
813-404-1240

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