1B2 7/9/03 90037 016

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:
SECRETARY OF STA
TALLAHASSEE, FLOR

DOCUMENT # P02000123264

1. Corporation Name
BARIS. INC.

2. Principal Office Address	3. Mailing Office Address
6512 S. BAYSHORE	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: TAMPA, FL	City & State —
Zip: 33611 Country:	Zip: Country:

07/09/03 90037 016 $50.00

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. LUETGERT

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 617.0505, F.S.

Signature of Registered Agent: M.D. Luetgert — Date: 10/4/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/NP/	M.D. LUETGERT	6512 S. BAYSHORE	TAMPA, FL. 33611

100041053261
10/18/04--01102--001 **150.00

PAID IN FULL STATEMENT 03-04

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: M.D. Luetgert — 10/4/04 — 8/13 404-1240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

202

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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