

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2007 JUN -6 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO 50000 98434

1. Corporation Name

BAIRGAIN EQUIPMENT EXPORT-IMPORT

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

4470 NW 9TH ST.

3. Mailing Office Address

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

33126

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

DONALD COLINA

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

4470 NW 9TH ST

Suite, Apt. #, Etc.

#5

City

MIAMI

State

FL

Zip Code

33126

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 5/31/07

☒ 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.

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	DONALD COLINA	4470 NW 9TH ST	MIAMI FL 33126
S	ROBERTO YARIVHUMAN	4470 NW 9TH ST	MIAMI FL 33126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/31/07

Daytime Phone #

CR2E081 (1/07)

REINSTATEMENT

700104425757
06/15/07--01030--008 **300.00