

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000075493

1. Corporation Name  
BERNARD GARY, INC.

Principal Place of Business Mailing Address  
2333 BRICKELL AVE. #1803 MIAMI FL 33129  
2333 BRICKELL AVE. #1803 MIAMI FL 33129

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED  
99 DEC 16 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-99

4. Date Incorporated or Qualified To Do Business in Florida 11/02/1993

5. FEI Number 65-0449414 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|--------------------|
| PSTD     | SKOKE, BERNARD G                  | 2333 BRICKELL AVE #1803   | MIAMI FL 33174     |
|          |                                   |   |                    |
|          |                                   |   |                    |
|          |                                   |   |                    |
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ILS

8. Name and Address of Current Registered Agent

SKOKE, BERNARD G  
2333 BRICKELL AVE #1803  
MIAMI FL 33129

9. Name and Address of New Registered Agent

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

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.

Signature of Registered Agent *Bernard G Skoke*  
REGISTERED AGENT MUST SIGN

Date 12/15/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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: *Bernard G Skoke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/15/99 Daytime Phone # 305-2852446