

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 NOV - 6 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000009634**

1. Corporation Name

**BAR-PAT, INC.**

Principal Place of Business

1480 S MILITARY TRAIL  
W PALM BEACH FL 33406  
US

Mailing Address

1480 S MILITARY TRAIL  
W PALM BEACH FL 33406  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
40 East 19th Street

City & State  
New York, New York

Zip  
10003

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/07/1994

5. FEI Number

65-0473888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SCHECKNER, PATRICIA	40 E 19 ST	NEW YORK NY 10003
VPST	SCHECKNER, BARRY	40 E 19 ST	NEW YORK NY 10003

REINSTATEMENT '97

SEC 11-6-97  
400002345054-3  
-11/12/97-01093-019  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

UTRECHT, STEVEN T.  
4800 N FED HWY  
STE 300  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name  
STEVEN T. UTRECHT, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
2295 CORPORATE BLVD  
Suite, Apt. #, Etc.  
SUITE 211  
City  
BOCA RATON  
State  
FL  
Zip Code  
33431

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

STEVEN T. UTRECHT

Date 10/22/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Barry Scheckner, Vice-President

10/22/97 212 8082836  
Date Daytime Phone #

CR2E040 (8/97)