


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 267-3776

<b>APPLICATION FOR REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> DIVISION OF CORPORATIONS	<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">97 SEP 30 AM 9:30</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
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**DOCUMENT #** P95000042742

1. Corporation Name  
*Baerman sales and marketing INC.*

Mailing Address <i>7389 NW 8th ST Miami, FL 33126</i>	Principal Place of Business <i>Same</i>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Mailing Address, If Applicable <i>Same as above</i>		3. New Principal Office Address, If Applicable <i>Andrew Sklar #116 9619 Fountainblau Blvd. Miami FL 33172</i>		4. Date Incorporated or Qualified To Do Business in Florida <i>6/1/95</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>65-0584312</i>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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
<i>president</i>	<i>Andrew Sklar</i>	<i>9619 Fountainblau Blvd #116 Miami FL 33172</i>	
			<div style="font-size: 1.2em; font-weight: bold;">400002310454--6</div> <div style="font-size: 0.8em;">-10702797--0110--007</div> <div style="font-size: 0.8em;">****750.00 ****750.00</div>
			<div style="font-size: 2em; font-weight: bold;">10-1-97</div>

8. Name and Address of Current Registered Agent  <i>Andrew Sklar 9619 Fountainblau Blvd #116 Miami FL 33172</i>	9. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <b>FL</b> Zip Code _____
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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: *[Signature]* Date: *9/29/97*

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* *9/29/97* *(305)267 3445*

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

CP2E040 (5/94)