

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -6 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P950000079465

1. Corporation Name

Ike Behar, International, Inc.

2. Principal Office Address

13955 N.W. 60th Avenue

Suite, Apt. #, etc.

City & State

Miami Lakes, FL 33014

Zip

Country

33014

U.S.A.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

REINSTATEMENT 96-02

7. Name and Address of Current Registered Agent

Name

Alan Behar

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

13955 N.W. 60th Avenue

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33014

800006164198 --3

-07/02/02--01060--17

***1658.75 ***1658.75

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

Alan Behar

REGISTERED AGENT MUST SIGN

Date May 1, 2002

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	Alan Behar	13955 N.W. 60th Avenue Miami Lakes, FL 33014	Miami Lakes, FL 33014
VD	Lawrence Behar	13955 N.W. 60th Avenue	Miami Lakes, FL 33014
STD	Steven Behar	13955 N.W. 60th Avenue	Miami Lakes, FL 33014

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:

Alan Behar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/02

Daytime Phone #

(305) 371-7800