

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 # **P96000085545**

1. Corporation Name

Gwen Bari's Those Were The Days, Inc.

Principal Place of Business

Mailing Address

2670 N. Federal Hwy.
Lighthouse Point, FL 33064

same

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
9625 Riverside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Apt. D-3

City & State

City & State
Coral Springs, FL

Zip

Country

Zip

33071

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/96

5. FEI Number

65-0708132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400002730654--3
-01/05/99--01068--016
****908.75 ****908.75

FILED

98 DEC 30 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
P/D	Kirill Mushlin	5586 Courtyard Dr.	Margate, FL 33063
VP/T/D	Tatiana Mushlin	9625 Riverside Dr. #D-3	Coral Springs, FL 33071
S/D	Lucy Maria Gonzalez	5586 Courtyard Dr.	Margate, FL 33063

REINSTATEMENT 97-98 To 12/31/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Kirill Mushlin

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

5586 Courtyard Dr.

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33063

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 X

K. Mushlin

REGISTERED AGENT MUST SIGN

Date 12/29/98

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Mushlin / K. Mushlin / 6/30-98 788-0110

Date

Daytime Phone #

CR2E040 (1/98)