

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 SEP 21 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000015883**

1. Corporation Name

BACHIE COMPONENTS, INC.

Principal Place of Business

Mailing Address

**2255 GLADES RD.
SUITE 324A**

SAME

BOCA RATON, FL 33431

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

4. Date Incorporated or Qualified

To Do Business in Florida **FEB. 19. 1997**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0763789

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Titles	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
PRESIDENT	ADEL KARABACHII	2255 GLADES RD. SUITE 324A	BOCA RATON, FL 33431

800002993318-3
-09/22/99--01026-016
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**2255 GLADES RD. Adel Karabachi
SUITE 324A
BOCA RATON, FL 33431**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Adel Karabachi
REGISTERED AGENT MUST SIGN

Date **Sept. 17. 1999**

11. This corporation owes 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

Adel Karabachi
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 17. 1999

Date

561-989-5442

Daytime Phone #

CR2E061 (12/98)