

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

W99-28601

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## DOCUMENT #

1. Corporation Name

BARGAIN PRODUCTS, INC  
P 97 000031575

Principal Place of Business

Mailing Address

267 East Flagler St  
Miami, FL

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

REINSTATEMENT

98-C

4. Date Incorporated or Qualified  
To Do Business in Florida

04/08/97

5. FEI Number

X Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☐ STATE CERTIFICATE  
☐ FEDERAL CERTIFICATE

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
PRES DIR	RAY SHOVA	267 E. Flagler St	MIAMI, FL
Secy. TREAS DIR	ALISA SHOVA	"	"
			100003095221--1 -01/11/00--01094--021 ****900.00 ****900.00
			100003095221--1 -01/11/00--01094--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANK M. MARKS  
2701 SW 3rd AVE  
MIAMI, FL 33129

Name

SAME

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Frank Marks

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alisa

12/20/99

Date

954 4727370

Daytime Phone #

KE