

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 28 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000031575**

1. Corporation Name

BARGAIN PRODUCTS, INC.

Principal Place of Business

**267 E. FLAGLER STREET
MIAMI FL 33129**

Mailing Address

**267 E. FLAGLER STREET
MIAMI FL 33129**



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

04/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0779990

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SHOUA, RAY	267 E. FLAGLER STREET	MIAMI FL 33129
STD	SHOUA, ALISA	267 E. FLAGLER STREET	MIAMI FL 33129

200009397422
01/24/03--01079--005 **150.00

200009397422
12/06/02--01036--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MARKS, FRANK M
2701 SW 3RD AVENUE
MIAMI FL 33129**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
[Signature]
REGISTERED AGENT MUST SIGN

Date

11/15/02

11. 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 REQUIRED
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/02

Daytime Phone #

854 4727370

CR2E040 (8/02)

2002

TO: FL Dep of state
From: Bargain products corp.
ALISA STOUA U.P

11/6/02

Re: Doc # P97000031575

FBI # 65-0779990

Dear SIRS:

When I sent you check #7643 for the amount of \$550.- for reinstatement of the above corp, I was sure the amount of \$150.- is for Ann. Report 2002 (ref # P97000031575, 07/24/2001) since I have not received any other request for Annual Fee 2002 I was sure 2002 is paid in full.

please wave the late fee of 400.-, I will send you immediately check for 2002 + 2003 Ann. Report

Thanks for your consideration

Alisa Stoua.