

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG 16 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000065702**

**1. Corporation Name**

BACHY, INC.

4350 NW 32 AVE  
4350 NW 32 AVE

**2. Principal Office Address**

4350 NW 32 AVE

**3. Mailing Office Address**

4350 NW 32 AVE

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

Zip

33142

Country

200040224202  
08/16/04--01081--001 \*\*1050.00  
**REINSTATEMENT** 02-04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 07/14/1997

**5. FEI Number**  
65-0772430

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

GUSTAVO HECTOR FELICEVICH

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

1721 SW 93 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

**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

REGISTERED AGENT MUST SIGN

Date 08-11-04

**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	GUSTAVO HECTOR FELICEVICH	1721 SW 93 CT	MIAMI, FL 33165

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-11-04

Date

786 251 0213

Daytime Phone #

CR2E081 (01/04)