

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10 of 2

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



1. Corporation Name	
BARGIELEER CORPORATION	
Principal Place of Business	
320 SOUTH FLAMINGO ROAD STE 316 PEMBROKE PINES FL 33027	
Mailing Address	
320 SOUTH FLAMINGO ROAD STE 316 PEMBROKE PINES FL 33027	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	
2. New Principal Office Address, If Applicable	
Suite, Apt. #, etc.	
15841 Piner BLVD #399	
City & State	
Pembroke Pines, FL	
Zip	
33027	
Country	
USA	
3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.	
15841 Piner BLVD #399	
City & State	
Pembroke Pines, FL	
Zip	
33027	
Country	
USA	
4. Date Incorporated or Qualified To Do Business in Florida	
01/09/1998	
5. FEI Number	
65-0805393	
Applied For	
Not Applicable	
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)	
Title(s)	
2	
Name of Officers and/or Directors	
3	
Street Address of Each Officer and/or Director	
4	
City / State / Zip	
D	
BARGIEL, CHRISTOPHER	
320 SOUTH FLAMINGO ROAD STE 316	
PEMBROKE PINES FL 33027	
400003446864--1	
11/01/00 01052 010	
****158.75 ****158.75	
8. Name and Address of Current Registered Agent	
9. Name and Address of New Registered Agent	
Name	
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	
SIGNATURE REQUIRED	
Date	
REGISTERED AGENT MUST SIGN	
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	
10-16-00	
9544506314	
Date	
Daytime Phone #	

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BARGIELEER CORPORATION

October 16, 2000

Trine Harris
Department of State
Division of Corporations
Annual Report/Reinstatement Section
Box 6327
Tallahassee, FL 32314-6327
904-487-6059 Option 2

Madam:

As per my conversation with Andy, I am enclosing a check for \$158.75 (Check No. 1182) to satisfy the payment for Annual Report as well as for a Certificate of Status. Again, I state that I did not receive notice of the Annual Report this year, nor did I receive a second notice.

Thank you for your time and consideration in reinstating BargieLeer Corporation.

Sincerely,

Christopher Bargiel

Christopher Bargiel
President