

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 OCT 18 AM 9:57

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



DOCUMENT # **P98000002106**

1. Corporation Name

BARGIELEER CORPORATION

Principal Place of Business

Mailing Address

~~320 SOUTH FLAMINGO ROAD STE-316~~
 PEMBROKE PINES FL 33027

~~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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
15841 Piner BLVD #399
 City & State
Pembroke Piner, FL
 Zip
33027 Country
USA

Suite, Apt. #, etc.
15841 Piner BLVD #399
 City & State
Pembroke Piner, 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)

1 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

FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD. STE. 350-N
HOLLYWOOD FL 33021

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.

KE

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00
 Date

9544506314
 Daytime Phone #

CR2040 (9/00)

2012

BARGIELEER CORPORATION

October 16, 2000

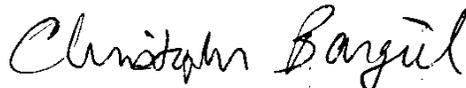
Trine Harris
Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO BOX 6327
Tallahassee, FL 32314-6327
904-487-6059 Option 2

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
President