ent By: MARK PERMAN; (954 456 1335; (1/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

01 NOV 15 PM 3:43

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039624

1. Corporation Name

B.A.R. ACQUISITION CORPORATION

REINSTATEMENT

00-01
10/17/01 01084 001 935.00

2. Principal Office Address	3. Mailing Office Address
16215 NW 15th Ave	16215 NW 15 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33169 Country: USA	Zip: 33169 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/01/98

5. FEI Number: 650832765 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: See attached Date:

REGISTERED AGENT MUST SIGN

8. 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
P	Marc Levine	16215 NW 15 Ave	Miami, FL 33169

9. I certify that I am an officer or director of the business empowered to execute this application as provided for in section 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: Marc Levine 10/9/01 305-628-8030

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

(2)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : B.A.R. ACQUISITION CORPORATION

2. The mailing address of the corporation : 16215 NW 15 Ave., Miami, Fl 33169

3. Date of incorporation/qualification: 05/01/98 Document number: P98000039624

4. The name and address of the current registered agent and office:

Jeffrey M. Perlow
1820 E. Hallandale Beach Boulevard
Hallandale Beach, Florida 33009

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Mark Perlman, P.A.
1820 East Hallandale Beach Boulevard
Hallandale Beach, Florida 33009

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board) 10/9/01 (Date)

MARC LEVINE - PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent) 10/15/01 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314