2005 FOR PROFIT CORPORATION REINSTATEMENT

		1/211/01/					,	E II e				
DOCUMENT # S98712							FILED					
1. Entity Name							05 NCT 12 500 =					
ITZHÀK BACHAR, P.A.							05 OCT 13 PH 3: 20					
,						TE	S	LCI.L ; XX. LLAHASSEE,	,	_		
Principal Place of Business Mailing Address							I A	LLAHASSEE	FLADIR	E .		
1400 NE MIAMI GARDEN DR. 1400 NE MIAMI GARDEN DR.							1		LLLOKIE	JA		
SUITE 219 SUITE 219												
MIAMI, FL 33179 US MIAMI, FL 33179 US							 			1110 1111 LUI	REED EN ECCO	
Principal Place of Business 3. Mailing Address												
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			10112005	REIN-P	CR2E0	98 (6/04)			
City & State			City & State				4. FEI Numb			I Ap	plied For	
						65-030	1094		No	t Applicable		
Zip		Country	Zip	try 5. Certifi		5. Certificate	of Status Desired		8.75 Add			
6. Name and Address of Current]			7. Name and Address of New Registered Agent						
						Name						
BACHAR, ITZHAK P						Street Address (P.O. Box Number is Not Acceptable)						
1400 NE MIAMI GARDENS DRIVE SUITE 219						40,000 (···		···	
MIAMI, FL												
					City	ly FL Zip Code						
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or	register	ed agent, or bo	th, in the State of Flo		amiliar with,	and accept	
the obligations of registered agent.												
SIGNATURE												
		or printed name of registered agent e	ind title if applicable. (NOT	FE: Registe:	red Agent signs	iture requir	ed when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the												
		ree is \$150.00 06, Fee will be \$300.0	0					corporation did				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICEDS AND	DIDECTOR	2 IN 11	
TITLE	OFFICERS AND DIRECTORS 1						ADDITIONS	CHANGES TO OFF		Change	Addition	
NAME	BACHAR, ITZHAK						1 1	നമനമേത		_ •		
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indicated	l on this reno	rt or cumplemental report is	this filing does not qualify for true and accurate and that	mv sions	ature shall h	ave the s	same legal etted	ct as it made under d	nath: thát i a	m an officer	or director	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all the proposers.												
SIGNATURE: SIGNATURE AND TYPED DE PEINTED NAME OF SIGNING OFFICERYOR DIRECTORY Date Date District Proce #												
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ITZHAK BACHAR, P.A.



LAW OFFICE

1400 NE MIAMI GARDENS DRIVE SUITE 219 NORTH MIAMI BEACH, FL 33179 PHONE (305) 652-1113 PHONE (305) 949-4404 FAX (305) 949-4490 IBESOUIRE@ AOL. COM

Express mail

<u>.</u> . . . •

October 11, 2005

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: REINSTATEMENT OF CORPORATION ITZHAK BACHAR, P.A.

To Whom It May Concern:

Enclosed please find my check for \$158.75, which includes the reiinstatement costs of my corporation Itzhak Bachar, P.A. and an additional \$8.75 for the Certificate of Status.

I want to let you know, however, that I never received an annual report.

If you have any questions or need to contact me, please do not hesitate to contact me.

Very truly yours,

TTZHAK BACHAR, ESO.

IR/fK

Enclosure