

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JUL 28 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V23809

1. Corporation Name
C. BAKARAT INC.

Principal Place of Business Mailing Address

14 N.E. 1ST AVENUE
SUITE 304-A
MIAMI, FL. 33132

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		4. Date Incorporated or Qualified To Do Business in Florida	
		14 N.E. 1 ST AVE		MARCH-26-92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		304-A		65-0329228	
City & State		City & State		Applied For	
MIAMI FL.		MIAMI FL.		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33132	USA	33132	USA		

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.	ALBERTO HERNANDEZ	1717 N. BAYSHORE DR. #1650	MIAMI, FL 33132

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-08/01/97--01032--010
*****8.75 *****8.75

REINSTATEMENT 96-97
G. Man
7/28/97

8. Name and Address of Current Registered Agent

ALBERTO HERNANDEZ
1717 N. BAYSHORE DR. #1650
MIAMI FL. 33132

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

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]
REGISTERED AGENT MUST SIGN

Date 07-25-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: ALBERTO HERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 07-25-97 (305) 373-1585
Daytime Phone # (305) 373-1585

CR2E040 (12/95)