

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 DEC 30 AM 8:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V28575

1. Corporation Name BARTH LIMITED, INC.

Principal Place of Business 420 N. RIVERSIDE DR. POMPANO BEACH FL 33062 Mailing Address 420 N. RIVERSIDE DR. POMPANO BEACH FL 33062



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. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

04/15/1992

5. FEI Number

65-0332561

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Andrew J. Barth and Linda R. Fuller.

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REINSTATEMENT

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8. Name and Address of Current Registered Agent

BARTH, ANDREW J 420 N. RIVERSIDE DR. POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name ANDREW J BARTH Street Address (P.O. Box Number is Not Acceptable) 1424 SEABREEZE BLVD Suite, Apt. #, Etc. City FT LAUDERDALE State FL Zip Code 33316

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 REGISTERED AGENT MUST SIGN

Date 12/24/99

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/99 9547852255 Date Daytime Phone #