PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 21 PM 1:42

DOCUMENT # V63402

1. Corporation Name

BART REINES CLEARING, INC.

Principal Place of Business / Mailing Address

5460 PINE TREE DR
MIAMI BEACH, FL 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
5460 Pine Tree Drive
Suite, Apt. #, etc.
City & State
Miami Beach, Florida
Zip: 33140 Country: Dade

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
9/92

5. FEI Number
65-0357458
☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BART REINES	5460 PINE TREE DR	MIAMI BEACH, FL 33140

REINSTATEMENT 96-97

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-01/24/97--01018--001
****338.75 ****338.75

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8. Name and Address of Current Registered Agent

Jeffrey L. Kronengold, Esq.
One East Broward Blvd., #1410
Ft. Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name
Jeffrey L. Kronengold
Street Address (P.O. Box Number is Not Acceptable)
NationsBank Tower, Suite 2020
Suite, Apt. #, Etc.
One Financial Plaza
City: Ft. Lauderdale State: FL Zip Code: 33394-0006

CR2E040 (12/95)

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: Jeffrey L. Kronengold
REGISTERED AGENT MUST SIGN
Date: 1/14/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: BART REINES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-97 Date
305-861-2207 Daytime Phone #