

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
John
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000116680**

1. Corporation Name

BIRDIE PAR CORP.

Principal Place of Business

4540 OAK TREE CT
DELRAY BEACH FL 33445

Mailing Address

~~4540 OAK TREE CT~~
~~DELRAY BEACH FL 33445~~



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

c/o David Dreyer, Esq.

Suite, Apt. #, etc.
Holland & Knight LLP
625 North Flagler Drive, Suite 700
City & State

West Palm Beach

Zip

33401

Country

Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

12/21/2000

5. FEI Number

65-1090264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	GOUCHBERG, GERALD	4540 OAK TREE CT	DELRAY BEACH FL 33445
VD	GOUCHBERG, LITA	4540 OAK TREE CT	DELRAY BEACH FL 33445

200009822872
11/06/02--01109--003 **150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

DREYER, DAVID E
625 N FLAGLER DR, STE 700
W PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR25040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Signature
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

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
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-02

Date

Daytime Phone #

BIRDIE PAR CORP.
c/o David E. Dreyer, Esq.
Holland & Knight LLP
625 North Flagler Drive, Suite 700
West Palm Beach, FL 33401

November 4, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Birdie Par Corp. – Application for Reinstatement

Dear Sir or Madam:

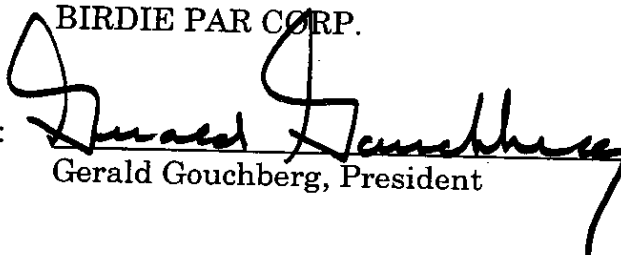
Request is hereby made for a waiver of the reinstatement fee of \$600 in connection with the reinstatement of the above-named corporation. The corporation was administratively dissolved by the Department of State on October 4, 2002 for failure to file the 2002 corporation annual report/uniform business report in accordance with Florida Statutes. The reason for this failure is that the corporation did not receive the uniform business report, or the two prior notices with regard thereto, due to a failure by the US Postal Service to effect delivery of said items to the corporation.

Thank you for your consideration. A completed Application for Reinstatement, together with a check for the \$150 filing fee for the corporation annual report/uniform business report, are enclosed herewith.

Very truly yours,

BIRDIE PAR CORP.

By:


Gerald Gouchberg, President