

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 28 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063646

1. Corporation Name

BACAN, INC.

2. Principal Office Address

237 KINGS POINT RD.

3. Mailing Office Address

237 KINGS POINT RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREAT NECK, NY

City & State

GREAT NECK, NY

Zip

11024

Country

US

Zip

11024

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

08/25/1994

5. FEI Number

650536470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED SEE TO ALL INFORMATION

7. Name and Address of Current Registered Agent

Name

JERRY JOSEPH

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

100 GOLDEN ISLES DRIVE

Suite, Apt. #, Etc.

SUITE 1204

City

HALLANDALE BEACH

State
FL

Zip Code
33009

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/22/2006

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/V/D	BARBARA WEINSTEIN	237 KINGS POINT RD.	GREAT NECK, NY 11024

2000082927317
12/08/06--01052--013 **1200.00

10. 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 contained in Chapter 119, 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:

BARBARA WEINSTEIN, PRESIDENT

11/22/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel NOV 28 2006