

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT #

1. Corporation Name

Barbara Enterprises, Inc.

Principal Place of Business

6020 West 14th Court
Hialeah, Florida 33012

Mailing Address

6020 West 14th Court
Hialeah, Florida 33012

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

2. New Principal Office Address, If Applicable

6020 West 14th Court

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

6020 West 14th Court

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33012

Country

USA

City & State

Hialeah, Florida

Zip

33012

Country

USA

REINSTATEMENT

FILED

97 FEB -4 AM 8 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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mwb

SECRETARY OF STATE
TALLAHASSEE, FLORIDA4. Date Incorporated or Qualified
To Do Business in Florida

08/20/80

5. FEI Number

59-2043547

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Sh. be a state and fee required
to be paid to the State of Florida

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
VS	Lila E. Cruz	6020 W. 14th Court	Hialeah, Florida 33012
PD	Maria Ramires de Cordero	6020 W. 14th Court	Hialeah, Florida 33012
D	Jesus M. Cordero	6020 W. 14th Court	Hialeah, Florida 33012

600002081016--B
-02/07/97--01011--009
*****375.00 *****375.00
700002081017--S
-02/07/97--01011--010
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

Lila E. Cruz
6020 W. 14th Ct.
Hialeah, Florida 33012

9. Name and Address of New Registered Agent

Name

Same

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Lila E. Cruz
REGISTERED AGENT MUST SIGN

Date January 23rd, 1997

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Ramires de Cordero, President

Date

Daytime Phone #

CR2E040 (12/95)