

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 09, 2009
Secretary of State**

DOCUMENT# J22915

Entity Name: BAR & FERG'S ACADEMY, INC.

Current Principal Place of Business:

200 STERLING AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

C/O MARY ANN FERGUSON
200 STERLING AVE.
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 59-2731265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERGUSON, MARY ANN
200 STERLING AVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARYANN FERGUSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FERGUSON, MARY ANN
Address: 12717 OAK RUN COURT
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: FERGUSON, ROOSEVELT
Address: 12717 OAK RUN COURT
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP () Delete
Name: ALLEN, CARLA RAMONA
Address: 7494 BRUNSWICK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALLEN, CARLA RAMONA
Address: 6933 N CALUMET CIR
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA ALLEN

Electronic Signature of Signing Officer or Director

ASST

10/09/2009

Date