

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 23 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000018112

1. Corporation Name

Barrier Reefs Sunglasses, Inc.

13191 Starkey Rd.

13191 Starkey Rd.

2. Principal Office Address

13191 Starkey Rd.

3. Mailing Office Address

13191 Starkey Rd.

Suite, Apt. #, etc.

9

Suite, Apt. #, etc.

9

City & State

Largo, FL

City & State

Largo, FL

Zip

33773

Country

Pinellas

Zip

33773

Country

Pinellas

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

Paul C. Frain

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

13191 Starkey Rd.

Suite, Apt. #, Etc.

9

City

Largo

State

FL

Zip Code

33773

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

12/28/04

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
D	Paul C. Frain	13191 Starkey Rd.	Largo, FL 33773
D	James P. Zellmer	9257 Rustic Pines Blvd.	Seminole, FL 33776

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/04 (727) 397-2419

Daytime Phone #

CR2E081 (01/04)