

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB -6 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083673

1. Corporation Name

BAR Z Corporation

300117251623
02/06/08--01014--019 **1500.00

REINSTATEMENT

03-08

2. Principal Office Address - No P.O. Box #

4655 Spruce Creek Road

Suite, Apt. #, etc.

Suite E

City & State

Port Orange, Florida

Zip

32127

Country

US

3. Mailing Office Address

4655 Spruce Creek Road

Suite, Apt. #, etc.

Suite E

City & State

Port Orange, Florida

Zip

32127

Country

US

4. Date Incorporated or Qualified
To Do Business In Florida

July 26, 2002

5. FEI Number

54-2065506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harry G. McConnell

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

444 Seabreeze blvd

Suite, Apt. #, Etc.

Suite 900

City

Daytona Beach

State

FL

Zip Code

32118

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Harry G. McConnell
REGISTERED AGENT MUST SIGN

Date

January 31, 2008

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	Robyn Zuber-Welch	120 Quiet Circle	Port Orange, Florida 32128
V	Elizabeth L. Zuber	5264 Riverside Dr	Port Orange, Florida 32127
S/T	Cecelia Anne Buckles	5264 Riverside Dr	Port Orange, Florida 32127

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:

Cecelia Anne Buckles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/08

Daytime Phone #

386-304-3339

2179