

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 796000032089

1. Corporation Name

BARSON CORPORATION

Principal Place of Business

Mailing Address

1229 18 Street  
Miami Beach, FL 33139

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

2. New Principal Office Address, If Applicable

1229 18 Street  
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

1229 18 Street  
Suite, Apt. #, etc.

City &amp; State

Miami Beach, FL

City &amp; State

Miami Beach, FL

Zip

Country USA

Zip

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0659140

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Jorge Smulski	800 W Ave. No. 607	Miami Beach, FL 33139
VP-S	Carlos Izquierdo	1229 18 Street	Miami Beach, FL 33139

600002368836-3

-12/10/97--01113--016

\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

Jorge Smulski  
800 W Ave. No. 607  
Miami Beach, FL 33139

9. Name and Address of New Registered Agent

Name: Jorge Smulski  
Street Address (P.O. Box Number is Not Acceptable):  
800 W Ave No 607  
Suite, Apt. #, Etc.  
City: Miami Beach State: FL Zip Code: 33139

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

REGISTERED AGENT MUST SIGN

Date

12/1/97

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

Date

Daytime Phone #