

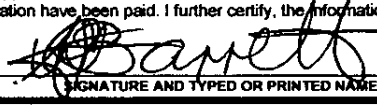


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000059348			
1. Corporation Name Barrett Technologies Consulting, Inc. WI-22545			
2. Principal Office Address - No P.O. Box # 10350 S.W. 220 St.		3. Mailing Office Address 10350 S.W. 220 St.	
Suite, Apt. #, etc. Apt. 158		Suite, Apt. #, etc. Apt. 158	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33190	Country U.S.A.	Zip 33190	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 141-88-7103		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Andrew Barrett			
Street Address (P.O. Box Number is Not Acceptable) 10350 S.W. 220 St.			
Suite, Apt. #, Etc. Apt. 158			
City Miami		State FL	Zip Code 33190
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 		Date 05-02-2010	
REGISTERED AGENT MUST SIGN			
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	Andrew Barrett	10350 S.W. 220 St Apt 158	Miami/Florida/33190
S	Andrew Barrett	10350 S.W. 220 St Apt 158	Miami/Florida/33190
T	Almartha Barrett	10350 S.W. 220 St Apt 158	Miami/Florida/33190
200180497402 05/06/10--01034--015 **258.75			
10. E-mail Address: abar43@gmail.com (To be used for future annual report notification)			
11. 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. I further certify, 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: 		Andrew Barrett 05/02/2010 (786) 286-1218	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

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STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATIONS ONLY
☒ The \$600.00 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.

REINSTATEMENT

Date 05-02-2010

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B. Mitchell JUN 08 2010