PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Katherine Harris Secretary of State RÉINSTATEMENT **DIVISION OF CORPORATIONS** 00 OCT 12 PM 4: 54 DOCUMENT # 2/2562. 1. Corporation Name BAR-B-8 INC Principal Place of Business 11705 NW TAOK MIAMI. 4. 33/68 REINSTATEMEN If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 89294W 27 AVE To Do Business in Florida-Suite, Apt. #, etc. 5. FEI Number MIAM Applied For City & State City & State \$8.75 Additional Fee required Zip Country Zip Country for a Certificate of Status MIAN/ · 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) 8929 NW27 NE rics 8929 NW 271 300003434053--6 -10/20/00--01087--012 \*\*\*1050.00 \*\*\*1050.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9220SW 72ND # 203 State | Zip Code co:poration, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the registered agent of the ab Signature of " Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes ∐ No ☐ Intangible Personal Property Tax due June 30. 12. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: