

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 27 PM 5:00

DOCUMENT # 993555273100

1. Corporation Name

Bar-Zac Inc

2. Principal Office Address

1321 SW 57 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

3. Mailing Office Address

1321 SW 57 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

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

11-18-69

5. FEI Number

620851194

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

Kelly Barkett

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

1321 DE 57 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

200003496852--7

12/12/00--01042--007

***1050.00 ***1050.00

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

X

Kelly Barkett

Date 11/17/00

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
PD	Baracat, Zacur	1550 Sargossa Ave	Coral Gables FL33134
TD	Kelly Barkett	1321 Red Road	Coral Gables FL
SD	George E. Barkett	2000 SW 4 Avenue	Miami, FL

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:

Baracat Zacur

Zacur Baracat

11/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)