

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **381483**

1. Corporation Name

ANN BARRON REALTY, Inc. W98-22842

Principal Place of Business

Mailing Address

**9900 EAST CALUSA CLUB DRIVE
MIAMI, FLORIDA 33186**

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

SAME AS ABOVE

City & State

SAME AS ABOVE

Zip

Country

Zip

Country

REINSTATEMENT 13-98

4. Date Incorporated or Qualified To Do Business in Florida

1971

5. FEI Number

59-1507124

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T/D	ANN BARRON	9900 EAST CALUSA CLUB DRIVE	MIAMI, FLORIDA 33186

**20000266882--0
-10/19/98--01073--014
***1500.00 ***1500.00**

8. Name and Address of Current Registered Agent

**ANNETTE BARRON CLARK
9900 E Calusa Club Dr
Miami, Fla 33186**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Annette Barron Clark
REGISTERED AGENT MUST SIGN

Date **21 Sept 98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

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 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:

Annette Barron Clark owner Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**21 Sept 98
(305) 382-1206**

CP2E040 (1/98)