

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -6 PM 5:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 539076

1. Corporation Name

BARBER, INC.

2. Principal Office Address

591 Linley Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 129

Suite, Apt. #, etc.

City & State

Longboat Key, FL

City & State

Cortez, FL

Zip

34228

Country

Manatee

Zip

34215

Country

Manatee

4. Date Incorporated or Qualified  
To Do Business in Florida

7/12/77

5. FEI Number

59-1754399

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT BARBER, JR.

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

591 Linley Street

Suite, Apt. #, Etc.

City

Longboat Key

State

FL

Zip Code

34228

REINSTATEMENT

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

*Robert Barber, Jr.*

REGISTERED AGENT MUST SIGN

Date

11/5/03

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.;D	ROBERT BARBER, JR.	591 Linley Street	Longboat Key, FL 34228
S	ROBERT BARBER, JR.	591 Linley Street	Longboat Key, FL 34228

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:

*Robert Barber, Jr.*

Robert Barber, Jr., President 11/5/03 (941)725-1355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)