

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000000881**

1. Corporation Name

**BARROCO HOLDINGS INC.**

Principal Place of Business

1550 CAXAMBAS COURT  
MARCO ISLAND FL 34145

Mailing Address

1550 CAXAMBAS COURT  
MARCO ISLAND FL 34145

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/2001

5. FEI Number

65-0530304

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KAISER, DETLEF	1550 CAXAMBAS COURT	MARCO ISLAND FL 34145

7000024377407  
11/03/03--01045--024 \*\*150.00

8. Name and Address of Current Registered Agent

KNAUERHASE, GEROLD  
1106 DORCHESTER CT  
NAPLES FL 34104

9. Name and Address of New Registered Agent

Name

GEROLD KNAUERHASE

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

463 ECHO CIRCLE

Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Glenda E. Hood*  
REGISTERED AGENT MUST SIGN

Date

10/25/03

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 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.

DETLEF KAISER

SIGNATURE:

*Detlef Kaiser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/03

Daytime Phone #

239-348-8481

CR2E040 (7/03)

**GEROLD KNAUERHASE, EA, ATA**  
**1106 Dorchester Court**  
**Naples, FL 34104**  
**Tel.: 239-348-8481**  
**Fax: 239-348-8041**

October 29, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, FL 32314-6327

Re.: Barroco Holdings, Inc., Document # F01000000881.

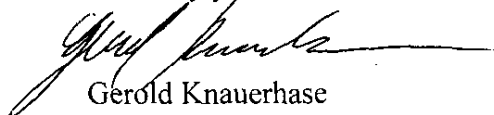
Lady/Gentleman:

Enclosed please find Application for Reinstatement together with a check in the amount of \$150.00 for the above subject.

Please note that the corporation did not receive the original Annual Report Form, and it is for this reason that we request a waiver of Penalty.

Thank you for your kind attention to this matter.

Sincerely yours



Gerold Knauerhase

Encl.: as noted