PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 22 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 35776

1. Corporation Name
BARCOMB FLORIDA ENTERPRISES, INC.

Principal Place of Business | Mailing Address

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
27725 Old 41 Road	
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.
City & State: Bonita Springs, FL	City & State
Zip: 34135 Country: Lee	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 5/21/81

5. FEI Number: 59-2263358 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	BARCOMB, LAWRENCE C.	402 Route 9	Champlain, NY 12919
VD	BARCOMB, RANDALL L.	402 Route 9	Champlain, NY 12919
SD	BARCOMB, NORMA M.	402 Route 9	Champlain, NY 12919

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****923.75 ****923.75

8. Name and Address of Current Registered Agent

RALPH A. RICHARDSON
1822 Old US 41
Bonita Springs, FL 33923

9. Name and Address of New Registered Agent

Name: RALPH A. RICHARDSON
Street Address (P.O. Box Number is Not Acceptable): 27725 Old 41 Road
Suite, Apt. #, Etc.: Suite 104
City: Bonita Springs | State: FL | Zip Code: 34135

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: Ralph A. Richardson
REGISTERED AGENT MUST SIGN
Date: 9/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

LAWRENCE C. BARCOMB, President

SIGNATURE: Lawrence C. Barcomb Pres. 9-18-97 518-298-8698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #