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 9-16-97

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	4. Date Incorporated or Qualified To Do Business In Florida: 5/21/81
27725 Old 41 Road		
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.	5. FEI Number: 59-2263358 — Applied For / Not Applicable
City & State: Bonita Springs, FL	City & State	6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status
Zip: 34135 — Country: Lee	Zip — Country	

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
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
			500002302715--3 -09/24/97--01098--002 ****923.75 ****923.75
			9-23-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RALPH A. RICHARDSON 1822 Old US 41 Bonita Springs, FL 33923	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 — Date: 9/18/97
REGISTERED AGENT MUST SIGN

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)(l), 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 — 518-258-8698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #