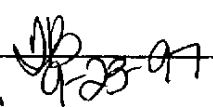
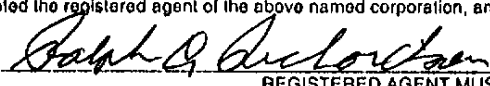


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 27725 Old 41 Road Suite, Apt. #, etc. Suite 104 City & State Bonita Springs, FL Zip 34135 Country Lee		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	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		
			588002302715-3 -09/24/97--01098--002 ****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		
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 			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.					
SIGNATURE: <u>LAWRENCE C. BARCOMB, President</u> <u>Lawrence C. Barcomb Pres.</u> 9-18-97 518-298-8698 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					