CORPORATION REINSTATEMENT 00-03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -3 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/04/03--01005--001 **600.00

DOCUMENT # F35776

1. Corporation Name
Barcomb Florida Enterprises Inc.

2. Principal Office Address	**3.** Mailing Office Address
23665 StonyRiver Place	23665 StonyRiver Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Bonita Springs, Fl.	Bonita Springs, Fl.
Zip: 34135 Country: USA	Zip: 34135 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: May 21, 1981

5. FEI Number: 133289915 ☐ 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: Andrew DeSalvo
Street Address (P.O. Box Number is Not Acceptable): 3960 Via Del Rey
Suite, Apt. #, Etc.:
City: Bonita Springs State: FL Zip Code: 34134

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: Andrew DeSalvo Date: 5/22/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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-T	Lawrence C. Barcomb	23665 StonyRiver Place	Bonita Springs, Fl. 34135
S-V	Norma M. Barcomb	23665 StonyRiver Place	Bonita Springs, Fl. 34135

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: Lawrence C. Barcomb – LAWRENCE C. BARCOMB 5-17-03 518-298-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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