

APPROVED
AND
FILED

98 DEC - 7 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F96000005460

1. Corporation Name

BARHAM AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5 MIRACLE STRIP LOOP
STE 11
PANAMA CITY BEACH FL 32407

5 MIRACLE STRIP LOOP
STE 11
PANAMA CITY BEACH FL 32407

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	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **10/18/1996**

5. FEI Number **62-1271844** 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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PCD	BARHAM, RODNEY E	218 SOUTH GLADES TRAIL	PANAMA CITY BEACH FL
SD	MYNATT, SHERMAN T	8431 CHIMNEYROCK	CORDOVA TN
TD	CAIN, WILLIAM M	2712 CROSS VINE COVE N	CORDOVA TN
		300002710243--0 -12/11/98--01068--007 ****750.00 ****750.00	<i>12/11/98</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARHAM, RODNEY E
5 MIRACLE STRIP LOOP, STE 11
PANAMA CITY BEACH FL 32407

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State **FL** Zip Code

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 *RODNEY E. BARHAM*

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *12/11/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-232-6018
12/11/98 901-685-2371
Date Daytime Phone #