## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # 188546  1. Corporation Name  Barracle Phil's Harbor Restaurant, Inc  2. Principal Office Address - No P.O. Box #  4401 POINT HOUSE TRAIL  Suite, Apt. #, etc.  Suite, Apt. #, etc.  CR2E081 (1/07)  City & State UPPERCAPTIVA TSIAND  City & State  PINELAND, FLORIDA  Zip  Country  John House  To Do Business in Florida  Suite, Apt. #, etc.  Applied For 592 832 00 4  Country  John Hotel Of State Of Status Desired  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not served.	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  07 OCT - 1 PM 12: 03			
Suite, Apt. #, etc.  4. Date incorporated or Qualified To De Business in Florida To De Business To De Busin						)		
City & State W PRECAPT VAT TSGAVO  City & State  PINEUAND FLORIDA  BOKEELIA, FLOURDA  To De business in Florida  S. FEI Number  S. FEI Number	101 POINT HOUSE TRAIL 15696 BROMELIAD DR.			٤.	CR2E081 (1/07)			
City & State   POWELL   State   State   POWELL   State   Powell   State   Powell   P	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida			
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  City BOKEELIA,  State Zip Code FL 339 Z Z  Signature of Registered agent of the above named-exporation, systematical prior and/or Directors  Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PAPS, EVA K. POWELL  State Zip Code FL 339 Z Z  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  15696 BROMELIAD BR. BOKEELIA, FL 339 Z Z  REINSTATEMENT  15696 BROMELIAD BR. BOKEELIA, FL 339 Z Z  REINSTATEMENT  10/01/07-01/035-001 ***1058.75  REINSTATEMENT  10/01/07-01/035-001 ***1058.75	PINELAND, FLORIDA	ND, FLORIDA BOKEELIA, FLORIDA			5. FEI Number	<u> </u>		
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  Gity BOKEELIA,  State Sp 22  8. I, being appointed the registered agent of the above named-exporation, antifamiliar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date  PVP,S,  EVA K. POWELL  REGISTERED TO Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  REGISTERED AGENT MUST SIGN  Date  BOKEELIA, F. 339.7.2.  REGISTERED TO Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  REGISTERED TO Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  REGISTERED TO Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  REGISTERED TO Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  REGISTERED TO Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  REGISTERED TO Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  REGISTERED TO Street Address of Each Officer and/or Directors  Officer and/or Director of Each Officer and/or Director (City / State / Zip  DAY STREED TO STREET TO ST	ا سنمعما	1 '	1	ľ			2.75 Additional Fee required for a Certificate of Status	
Signature of Registered Agent	Name  EVA K. POWELL  Street Address (P.O. Box Number is Not Acceptable)  15696 BROMELIAD DR  Suite, Apt. #, Etc.  City DRUTTINA  State Zip Code				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Titles Officers and/or Directors Officer and/or Director BOKEELIA, FL. B	Signature of Registered Agent Eu-a Cala Date 8 29 07							
P;YP,S, T,D  REINSTATEMENT  Officer and/or Director  Officer and/or Director  Officer and/or Director  City/ State / Zip  BOKEELIA, FL  BOKEELIA, FL  BOKEELIA, FL  33922  10.1 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 817, F.S. I further certify that when filling 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 contained in Chapter 119, F.S. The information indicated	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Description of Figure Priorie #								