

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
REINSTATEMENT**



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

DOCUMENT # **K44026**

1. Corporation Name

BLACK & BARNWELL, INC.

Principal Place of Business

**776 BENNETT DR
STE 105
LONGWOOD FL 32750**

Mailing Address

**776 BENNETT DR
STE 105
LONGWOOD FL 32750**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1988

5. FEI Number

59-2917538

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	BARNWELL, MICHAEL T.	1520 KANGAROO COURT 1328 LONGHILL DR	APOPKA FL 32712

200002350922--5

-11/18/97--01081--014

******165.00 ****165.00**

11/13/97

8. Name and Address of Current Registered Agent

**BARNWELL, MICHAEL T.
1520 KANGAROO COURT
APOPKA FL 32712**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1328 LONGHILL DR

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32712

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

Michael Barnwell

REGISTERED AGENT MUST SIGN

Date **11/13/97**

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:

Michael Barnwell

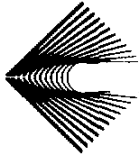
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/97

Date

Daytime Phone #

CR2E040 (8/97)



COMMWORLD

**Office
Automation, Inc.**

776 Bennett Drive, Suite 105
Longwood, FL 32750-6392
Phone (407) 831-7222
WATS (800) 393-1106
FAX (407) 831-6674

November 12, 1997

To Whom It May Concern,

I called this morning and spoke with Stacey regarding a notification I received on involuntary dissolution of my corporation. I advised her that the fee of \$165 was mailed on January 3, 1997 on check number 5438. She advised me that the Department of Revenue was having problems with the mailing machine at that time of year and numerous corporate filings were destroyed.

Per her instructions, I am enclosing a replacement check in the original amount of \$165 and this letter of explanation. She indicated that this would be sufficient for reinstatement.

Please call me if there are any questions or if further information is needed.

Sincerely Yours,

Michael T. Barnwell