

H01000027911 6

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K97168
 1. Corporation Name
 Donna Barfield, P.A.

2. Principal Office Address
 319 Hibiscus St.
 Suite, Apt. #, etc.

3. Mailing Office Address
 same

City & State
 West Palm Beach, FL

City & State
 same

Zip
 33401

Country
 Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
 592840916

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 MAR 16 PM 1:11

7. Name and Address of Current Registered Agent

Name
 Donna Barfield

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

Suite, Apt. #, Etc.

City
 WPB, FL

State
 FL

Zip Code
 33401

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent
 [Signature]
 REGISTERED AGENT MUST SIGN

Date
 3/16/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Donna Barfield	319 Hibiscus	WPB, FL 33401

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 19.07(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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
 3/16/01

Daytime Phone #
 561-650-8139

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The Law Offices of
Donna Barfield P.A.
 319 Hibiscus St., West Palm Beach, FL. 33401
 PHONE: (561)-650-8139
 FAX: (561)-650-8146
 www.noinet.com

Friday, March 16, 2001

Department of State
 Division of Corporations
 Reinstatement Department
 PO Box 6327
 Tallahassee, FL

RE: Reinstatement of Donna Barfield, P.A. and waiver of reinstatement fees due to failure to receive annual report

Dear Michael:

Please accept this letter as a formal request that the fee, other than the \$300.00 portion of the \$900.00 fee be waived by the Department of State. After contacting your office this morning, I learned the annual report was sent to 9200 South Dadeland Blvd, Miami, FL, a previous address of this Firm, and were returned to the Department of State. On September 22, 2000 the above referenced Professional Association was administratively dissolved for failure to file its annual report.

I apologize for the forgoing, and am submitting my application for reinstatement along with the payment of \$300.00 and this letter. I have requested CSC to assist me the reinstatement in order to complete the process more expeditiously. I appreciate your assistance in this matter, and if further funds or information is needed, please do not hesitate to contact me.

Sincerely,



Donna Barfield

Cc: CSC

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ACCOUNT NO. : 072100000032
REFERENCE : 081612 9238A
AUTHORIZATION : Patricia Pignato
COST LIMIT : \$ 300.00

ORDER DATE : March 16, 2001
ORDER TIME : 8:44 AM
ORDER NO. : 081612-005
CUSTOMER NO: 9238A
CUSTOMER: Donna Barfield, Esq
Donna S. Barfield, Esq
319 Hibiscus Street
West Palm Beach, FL 33401

DOMESTIC FILINGS

NAME: DONNA BARFIELD P.A.

RESUBMIT
Please give original
submission date as file date.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward, ext. 1135
EXAMINER'S INITIALS LB/19/01