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Pg 1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00/01 WBR

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

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

DOCUMENT # K97168

1. Corporation Name: Donna Barfield, P.A.

2. Principal Office Address: 319 Hibiscus St.
Suite, Apt. #, etc.:
City & State: West Palm Beach, FL
Zip: 33401 Country: Palm Beach

3. Mailing Office Address: same
Suite, Apt. #:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: 592840916 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 3/16/01
REGISTERED AGENT MUST SIGN

C1/2E081 (8/00)

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	Donna Barfield	319 Hibiscus	WPB, FL 33401

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03/19

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: [signature] 3/16/01 561-650-8139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H01000027911 6

2 of 3

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 reinstate 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

3 of 3

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 081612 9238A

AUTHORIZATION : Patricia Pizzuto

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

RESUBMIT
Please give original submission date as file date.

NAME: DONNA BARFIELD P.A.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward, ext. 1135

EXAMINER'S INITIALS 3/19/01