

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 22 AM 8:00

DOCUMENT # **L18776**

1. Corporation Name

J.F. BARNECOTT, INC

REINSTATEMENT 03-04

2. Principal Office Address

PO Box 948532

Suite, Apt. #, etc.

City & State

MAITLAND, FL

Zip

32794

Country

USA

3. Mailing Office Address

PO Box 948532

Suite, Apt. #, etc.

City & State

MAITLAND, FL

Zip

32794

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/89

5. FEI Number

59-2975149

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARNECOTT, JOHN, F.

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

1025 MARION OAKS CT

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32701

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

John Barncott
REGISTERED AGENT MUST SIGN

Date **1/15/04**

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
D	BARNECOTT, JOHN, F.	PO Box 948532 MAITLAND, FL	MAITLAND, FL 32794
D	BARNECOTT, BARBARA	PO Box 948532	MAITLAND, FL 32794

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)(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:

John Barncott **John BARNECOTT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/04 4072526520

Daytime Phone #