	PLEASE READ /	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
	FOR FOR	FL R DA	IT OF STATE tham tate				
REINSTATEMENT DIVISION OF CORPORATIONS							
DOCUMENT # L54162 1. Corporation Name					98 DEC -2 PM 1:40		
BARTLETT & SONS INC.					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business Mailing Address							
C/O BARTL 2547 GRESI ORLANDO I	-	C/O BARTLETT, JOSEPH C. 2547 GRESHAM DR. ORLANDO FL 32807					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					4. Date Income	orated or Qualified	``
Suite, Apt.		Suite, Apt. #, etc.			To Do Business in Florida 02/27/1990		
					5. FEI Number		Applied For
City & State		- City & State			6.	59-3009943	Not Applicable
Zip	Country	Žip	Country		CERTIFICATE		Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s)	and/or Directors			Officer and/or Director Ise Post Office Box Numbers)		City / State / Zip	
D	BARTLETT, JOSEPH C. 2547 GRESHAM			DR.	ORLANDO FL		
VP	BARTLEET, LARRY PATRICK C/O 2547 GRES			IAM DR	ORLANDO FL		
VP	P MASSIE, MARK 2					ORLANDO FL	
					71	000027131 -12/15/98010 *****150.00	073009
	R. Name and Address of Current	Ponistered Ans	nt .		9 Name and	Address of New Registered Age	nt
8. Name and Address of Current Registered Agent Name							
MASSIE, MARK 2547 GRESHAM DR.				Name (66) Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32807				Suite, Apt. #, Etc.			
Cit						FL	ip Code
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 VSVG NG PURED Date							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No							
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							



Better Business Services, Inc.

Bookkeeping • Payroll Processing • Income Tax Preparation

November 29, 1998

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re Barlett & Sons, Inc. Document #L54162

Dear Sir:

After calling your office, some one asked that we write a note explaining that the above corporation never received his first Annual Report or the second notice. The first notice he received was this one saying his corporation was dissolved.

We cannot explain the reason we did not receive it, because the address was correct. They have been a corporation since 1990 and they would not have knowingly let it lapse.

Above address is from my accountant, who helped me by calling the Div. Of Corporation and to explain what was going on.

Thanking you in advance for your consideration of reinstating my coporation for the normal fee of \$150, I remain

Very sincerely yours,

Mark E. Massie Vice President