

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **M43670**

1. Corporation Name

**THE BARRETT ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

5619 NORTH BAY RD.  
MIAMI BEACH FL 33140  
US

5619 NORTH BAY RD.  
MIAMI BEACH FL 33140  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

98 NOV 23 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1986

5. FEI Number

59-2757615

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
PDS	BARRETT, ROBERT C	5619 NORTH BAY RD.	MIAMI BEACH FL 33140
VDT	BARRETT, CHARLOTTE S	5619 NORTH BAY RD.	MIAMI BEACH FL 33140
D	Barrett, Sarah A	5619 North Bay Road	Miami Beach, FL 33140
			800002705708--4 -12/08/98--01024--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARRETT, ROBERT C  
5619 NORTH BAY ROAD  
MIAMI BEACH FL 33140

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip 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

*[Signature]*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

Nov 19, 1998

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)(f), 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]* **RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/98

305 868-5619

Date

Daytime Phone #

CR2E040 (05/98)