

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # M56665

1. Corporation Name

S. BARKER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~5114 OKEECHOBEE BLVD~~
~~SUITE 105~~
~~W PALM BCH FL 33417~~

~~5114 OKEECHOBEE BLVD~~
~~SUITE 105~~
~~W PALM BCH FL 33417~~

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.

425 Cypress Lane

Suite, Apt. #, etc.

425 Cypress Lane

City & State

Palm Springs, FL

City & State

Palm Springs, FL

Zip

33461

Country

USA

Zip

33461

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1987

5. FEI Number

59-2842402

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BARKER, SUMPTER H.	425 CYPRESS LANE	PALM SPRINGS FL 33461
SD	BARKER, DONNA L.	425 CYPRESS LANE	PALM SPRINGS FL 33461
			400003473404--2
			-11/21/00--01109--010
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

BARKER, SUMPTER H.
425 CYPRESS LANE
PALM SPRINGS FL 33461

9. Name and Address of New Registered Agent

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

Sumpter H. Barker
REGISTERED AGENT MUST SIGN

Date October 31, 2000

11. 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

Sumpter H. Barker
Sumpter H. Barker, President

October 31, 2000

Date

Daytime Phone #

KE
(561)
965-8707

CR2E040 (8/00)