

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED

AND
FILED

10/13/96

APPLICATION
FOR
REINSTATEMENT



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

1996 OCT 22 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # (BARINA, INC.) M67605

1. Corporation Name

Barina, Inc.

Principal Place of Business

Mailing Address

3263 NW 61st St
Poca Ratm, FL 33496

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

NO change 2/9/88

5. FEI Number

54-2936658

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	Briglio, Barbara	3263 NW 61st St Poca Ratm, FL 33496	
VP	Briglio, Phyllis	507 N. Rainbow Dr. Hollywood, FL 33021	

300001984513
-10/23/96--01091--014
****200.00 ****200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

N/A Barbara Briglio
3263 N.W. 61st St
Poca Ratm, FL 33496

Name N/A

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

BARBARA BRIGLIO FINIZIO

SIGNATURE:

Barbara Briglio

10/13/96 954-981-2465

BARINA, INC.

pg 2 of 2

507 North Rainbow Drive
Hollywood, Florida 33021

(305) 981-2465 Hollywood
(407) 368-4981 Boca Raton
(407) 368-2213 FAX

10/15/96

Florida Dept. of State
Div. of Corporations
Corporate Records
P.O. Box 6307
Tallahassee, FL 32314

Dear Mrs. Praythorn,

I thank you so much for your kindness & patience. Spoke with you 10/1/96 regarding our desire to continue our corporations. I explained that my husband has been battling cancer for years & has been in & out of the hospital. My mother also had major surgery so I had to take care of her at her home while going back & forth to the hospital for him.

Our mail was being picked up by many people who were trying to be helpful. Unfortunately, we never received any correspondence from your office. We really appreciate your understanding. You told me to send a check for \$500 (enclosed) & a letter of explanation. Thanks again for your concern & the forms.

Sincerely,
Phyllis Baglio