

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 26 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05000003617**

1. Corporation Name

**BARCLAY INDUSTRIAL PARK
CONDOMINIUM ASSOCIATION, INC**

2. Principal Office Address - No P.O. Box #

6765-55 STN

Suite, Apt. #, etc.

3. Mailing Office Address

6765-55 STN

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

Zip

33781

Country

USA

City & State

PINELLAS PARK, FL

Zip

33781

Country

USA

7. Name and Address of Current Registered Agent

Name

MIKE FARRELL

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

6757-55 STN

Suite, Apt. #, Etc.

City

PINELLAS PARK

State

FL

Zip Code

33781

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/19/07**

**4. Date Incorporated or Qualified
To Do Business in Florida**

APR 7 2005

5. FEI Number

20-2847235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

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
P	JAN NATOLI	6801 55 ST	PINELLAS PARK FL 33781
V	Kevin Hussey	6741 55 ST	PINELLAS PARK FL 33781
S/T	MIKE FARRELL	6757 55 ST	PINELLAS PARK FL 33781
D	CHUCK ROSS	6701 55 ST	PINELLAS PARK FL 33781
D	TOM OLMES	6763 55 ST	PINELLAS PARK FL 33781

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 contained in Chapter 119, 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

JAN NATOLI

Date

12/19/07 727-521-3939

Daytime Phone #