

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 SEP 25 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N10000003679

1. Corporation Name

BBYN- HAITI RELIEF INC

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

1765 AYNLEY WAY

Suite, Apt. #, etc.

City & State

VERO BEACH FL

Zip

32966

Country

USA

3. Mailing Office Address

704 MACY DRIVE

Suite, Apt. #, etc.

City & State

ROSWELL GA

Zip

30076

Country

USA

**REINSTATEMENT**

11/12

CR2E081 (11/10)

CM 9/27

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/10

5. FEI Number

27-2400836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARRY BARNARD

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

1765 AYNLEY WAY

Suite, Apt. #, etc.

City

VERO BEACH

State

FL

Zip Code

32966

100240035591  
09/26/12--01002--007 \*\*297.50

11/12

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

*Barry Barnard*

REGISTERED AGENT MUST SIGN

Date 9/21/12

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
D	BARRY BARNARD	1765 AYNLEY WAY	VERO BEACH FL 32966
D	FRAN BARNARD	1765 AYNLEY WAY	VERO BEACH FL 32966
D	LISA BARNARD	1787 WILLIAMS DRIVE	MARIETTA GA 30068

10. E-mail Address: PETER@TARANTINO.CO.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Barry Barnard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/12 6785270966

Date

Daytime Phone #