

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 17 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15679

1. Corporation Name
BARBRIDGE OWNERS ASSOCIATION #1

2. Principal Office Address
3604 HARDEN BLVD.

Suite, Apt. #, etc.

City & State
LAKELAND, FLORIDA

Zip Country
33803 US

3. Mailing Office Address
3604 HARDEN BLVD.

Suite, Apt. #, etc.

City & State
LAKELAND, FLORIDA

Zip Country
33803 US

REINSTATEMENT *02-02*
02-14-02 90093. 020 6/25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number *59-207534* 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
BARBER, RICHARD W

Street Address (P.O. Box Number is Not Acceptable)
3604 HARDEN BLVD.

Suite, Apt. #, Etc.

City
LAKELAND

600006700206-7
-07/26/02--01028--014
*****236.25 ****236.25*

State Zip Code
FL *33803*

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 *X* *Richard W. Barber*
REGISTERED AGENT MUST SIGN

Date *6/14/02*

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
VD	MARLOW, MARK L.	<i>1950 STONEGATE DR STE 150</i>	<i>VESTAVIA HILLS, AL</i>
SD	LONG, William B.	<i>530 BEACON PRY West</i>	<i>BIRMINGHAM, AL</i>
PD	BARBER, RICHARD W	<i>3604 HARDEN BLVD</i>	<i>LAKELAND, FL</i>
T	TORRES, FRANCISCO L.	<i>3604 HARDEN BLVD.</i>	<i>LAKELAND, FL</i>

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 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: *X* *Richard W. Barber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard W. Barber

Date *6/14/02*
Daytime Phone #

CR2E081 (9/01)