

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR -7 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000001806**

1. Corporation Name

THE BARCOLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

11486 N.W. 44TH STREET
CORAL SPRINGS FL 33065

11486 N.W. 44TH STREET
CORAL SPRINGS FL 33065



REINSTATEMENT

00-00

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0749699

Not Applicable

Zip

Country

Zip

Country

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	City / State / Zip
1	2	3	4
PD	COLEMAN-MCCREARY, BARBARA	11486 N.W. 44TH STREET	CORAL SPRINGS FL 33065
VD	MCCREARY, TRACEE A	11486 N.W. 44TH STREET 324 Van Buren St., #3	CORAL SPRINGS FL 33065 Hollywood, FL 33019
SD	AIKENS, SEBRON A	5364 WEBB STREET	GRACEVILLE FL 32440
TD	SINGLETON, AUDREY	4249 5TH AVE V#22	LAKE CHARLES LA 70605
D	DILLARD, HATTIE	347 COUNTY ROAD	MARION JET AL 36759
D	MCCREARY, MELANIE A	1486 NW 44TH STREET 324 Van Buren St., #3	CORAL SPRINGS FL 33065 Hollywood, FL 33019

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, AVAL 000003169850--9
-03/14/00--0119--005
142 WEST ADAMS STREET
JACKSONVILLE FL 32202 *****70.00 *****70.00
000003169850--9
-03/14/00--0119--005
*****245.00 *****245.00

Name

Foxman, Alan

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

1600 S. Dixie Hwy,

Suite, Apt. #, Etc.

5AB

City

Boca Raton

State

FL

Zip Code

33432

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

Alan Foxman
SIGNATURE REQUIRED

Date **2/15/00**

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

Barbara Coleman McCreary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-796-0136