

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 PM 3: 54

DOCUMENT # **P00000007955**

1. Corporation Name

BARTON FINANCIAL GROUP, INC.

200
40R

Principal Place of Business

2801 OCEAN DRIVE
VERO BEACH FL 32963

Mailing Address

2801 OCEAN DRIVE
VERO BEACH FL 32963



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

01/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0984905

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CAROLE N. BARTON	1340 River Ridge Drive VERO BEACH, FL 32963	VERO BEACH, FL 32963
			0000004728690--1 -12/17/01--01058--018 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

BARTON, JOHN H
2801 OCEAN DRIVE
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

CAROLE N. BARTON

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

2801 Ocean Drive, Suite 201A

Suite, Apt. #, Etc.

City

VERO BEACH

State
FL

Zip Code

32963

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

John H. Barton

REGISTERED AGENT MUST SIGN

Date

11/30/01

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.

SIGNATURE:

John H. Barton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/01

Daytime Phone #

CR2E040 (8/01)

Barton Financial Group, Inc.
JOHN H. BARTON
Investment Advisor



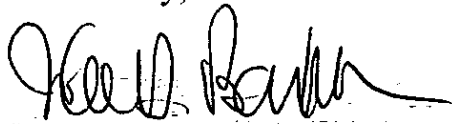
November 30, 2001

Division Of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Enclosed is an Application For Reinstatement for Barton Financial Group, Inc. and a check for \$150.00.

Since we did not receive the Uniform Business Report/Annual Report for 2001, I am requesting a waiver of the penalty charges. Thank you for your attention to this matter.

Sincerely,



John H. Barton