

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 16 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010440

1. Corporation Name

Barcelo fine Arts, Inc.

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

4569 NW 7ST.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

Zip

Country

33126 USA

**REINSTATEMENT** 07-10 07-2010 (12/10) WOP

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650985750

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

DIXAN BARCELO

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

4569 NW 7 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

2-12-10

REGISTERED AGENT MUST SIGN

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	DIXAN BARCELO	4569 NW 7 ST.	Miami FL 33126

400169002234  
02/16/10 01030-002 \*\*100.00

400169002234  
02/16/10-01030-003 \*\*500.00

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

Date

2-12-10

Daytime Phone #