

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000074146**

1. Corporation Name

BARROSO BOAT UPHOLSTERY, INC.

Principal Place of Business

Mailing Address

2623 NW 16TH ST RD
MIAMI FL 33125

2623 NW 16TH ST RD
MIAMI FL 33125

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

18700 N.W. 47 Ave
Opa Locka
Fla
33055

4. Date Incorporated or Qualified To Do Business in Florida

07/31/2000

5. FEI Number

65-1030455

Applied For

Not Applicable

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
D	BARROSO, GIRALDO	2623 NW 16TH ST RD	MIAMI FL 33125

700023853377
10/16/03--01038--008 **150.00

JH 10/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARROSO, GIRALDO
2623 NW 16TH ST RD
MIAMI FL 33125

Name *Giraldo Barroso*
Street Address (P.O. Box Number is Not Acceptable) *18700 N.W. 47 Ave*
Suite, Apt. #, Etc. *Opa Locka*
City *Opa Locka* State **FL** Zip Code **33055**

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

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.

SIGNATURE:

Giraldo Barroso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

305-635-2186

Daytime Phone #

CR2E040 (7/03)

Oct 13, 2003

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

To whom it may concern,

We have just received this notice in the mail Friday October 10, 2003, for the first time. The office address in your notice is a bay warehouse in a Marina our mail is often misplaced, therefore we have changed the mailing address to our home, please remove the penalties assessed and reinstate our corporation.

Sincerely,

Guido Barozzi