

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN -9 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 700000079120

1. Corporation Name

Barber South Inc

000004778150--5

-01/16/02--01053--002

****908.75 ****300.00

908.75fw

0102

2. Principal Office Address

644 B Anchors St

3. Mailing Office Address

644 B Anchors St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Walton FL

City & State

Ft Walton FL

Zip

32548

Country

USA

Zip

32548

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3663971

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

Jeff Barber

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

644 B Anchors St

Suite, Apt. #, Etc.

City

Ft Walton

State
FL

Zip Code

32548

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

Jeff Barber

REGISTERED AGENT MUST SIGN

Jeff Barber

Date 01/08/02

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
D	Jeff Barber	644 B Anchors St.	Ft Walton FL 32548
D	Mike Barber	419 Fowler Rd	Martin TN 38237

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:

Jeff Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeff Barber

1/8/02

731-587-3462

CR2E081 (9/01)