

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 17 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000093132

1. Corporation Name

BARRY'S AUTO SERVICES CORP.

Principal Place of Business

Mailing Address

7211 N. 40TH ST.
TAMPA FL 33604

7211 N. 40TH ST.
TAMPA FL 33604

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/2000

5. FEI Number

59-3676768

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
PD	FAHNESTOCK, BARRY L	7211 N. 40TH ST.	TAMPA FL 33604
STD	FAHNESTOCK, MARY A Delete	7211 N. 40TH ST.	TAMPA FL 33604

400023869404
10/17/03--01019--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAHNESTOCK, BARRY L
7211 N. 40TH ST.
TAMPA FL 33604

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

BARRY'S AUTO SERVICES CORP.
7211 N. 40TH ST.
Tampa, FL 33604

CERTIFIED LETTER WITH RETURN RECEIPT

October 10, 2003

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314-6327

Document # P00000093132

Gentlemen:

Enclosed please find our check in the amount of \$ 150.00 dated October 10, 2003 for the reinstatement of our 2003 Annual Uniform Business Report as per the instructions received by one of your reinstatement department's agents.

As per our telephone conversation, we never received the prior reports issued by your institution for mailing issues. And, I would like to resolve the problem caused by it as soon as possible.

Your prompt reinstatement of our corporation will be greatly appreciated.

Truly yours,

~~BARRY'S AUTO SERVICES CORP.~~



Barry L. Fahnestock
President