

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 JUN -7 AM 10:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000110577

1. Corporation Name

BARREDA ENTERPRISES, INC.

Principal Place of Business

202 BAY DR N
 BRADENTON BEACH FL 34217

Mailing Address

202 BAY DR N
 BRADENTON BEACH FL 34217



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/27/2000

5. FEI Number

65-1074299

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
PTD	BARREDA, PETER	202 BAY DR N	BRADENTON BEACH FL 34217
			400005868304--2 06/19/02 01069 010 ***300.00--***300.00--

8. Name and Address of Current Registered Agent

BARREDA, PETER
 202 BAY DR N
 BRADENTON BEACH FL 34217

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

[Signature]
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (801)

Barreda Enterprises, Inc.
202 Bay Drive North
Bradenton Beach, FL 34217

5/01/02

Ref. P00000110577

To whom this may concern,

I have never received the packet for the 2001 or 2002 Uniform Business Report . Please reinstate my Corporation to active status. Enclosed is my check for \$150.00 for the 2001 calendar year. I sent a check for \$ 150.00 for the 2002 calendar year check # 2598 dated 4/30/02.

Thank You,



Peter T. Barreda
Owner