

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 14 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000002832*

1. Corporation Name

BARRETT KEITH MANAGEMENT

2. Principal Office Address

P.O. BOX 82-3093

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Florida, FL.

City & State

Zip

33082

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/2001

5. FEI Number

65-1089022

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

BARRETT KEITH KLUCK

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

18435 NW 13 ST.

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

Barrett Keith Kluck

REGISTERED AGENT MUST SIGN

Date *3/4/03*

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	BARRETT K. KLUCK	18435 NW 13 ST.	PEMBROKE PINES, FL. 33029
V	PATRICIA D. KLUCK	18435 NW 13 ST.	PEMBROKE PINES, FL. 33029
T	ERIC A. MOBERG	2659 SW 73 WAY	DAVIE, FL. 33314

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:

Barrett Keith Kluck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03

Date

(954)437-8600

Daytime Phone #

CR2E081 (10/02)

MARCH 4, 2003

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: BARRETT KEITH MANAGEMENT, INC. DOC # P01000002832

TO WHOM IT MAY CONCERN:

I CALLED YOUR OFFICE YESTERDAY, 3/3/03 TO ADVISE THAT I HAVE NOT
RECEIVED ANY CORRESPONDENCE FROM YOUR OFFICE REGARDING THE
RENEWAL OF MY BUSINESS LICENSE FOR THE PAST TWO YEARS.

THE GENTLEMAN I SPOKE WITH TOLD ME TO PRINT A COPY OF THE
CORPORATION REINSTATEMENT FROM THE COMPUTER AND ATTACH THIS
EXPLANATION WITH A CHECK FOR \$ 300.00.

ENCLOSED YOU WILL FIND THE CORPORATION REINSTATEMENT FORM AND A
CHECK FOR \$ 300 AS REQUESTED.

SINCERELY YOURS

BARRETT KEITH KLUCK, PRESIDENT (*Barrett Keith Management*)
18435 N.W. 13 ST.
PEMBROKE PINES, FL. 33029