

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007330

1. Corporation Name

BEEN THERE, INC.

Principal Place of Business

4200 E. FLETCHER AVE APT #105
TAMPA FL 33613

Mailing Address

4200 E. FLETCHER AVE APT #105
TAMPA FL 33613



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

01/18/2001

5. FEI Number

59-3690934

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)

Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

MR.

BARRISH, SCOTT D

4200 E. FLETCHER AVE. APT. #105

TAMPA FL 33613

REINSTATEMENT

8. Name and Address of Current Registered Agent

BARRISH, SCOTT
4200 E. FLETCHER AVE APT #105
TAMPA FL 33613

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. or 617.0505, F.S.

Signature of
Registered Agent

Scott Barrish

REGISTERED AGENT MUST SIGN

Date

10-14-2003

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:

Scott Barrish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-349-3846

~~10-14-2003~~

CR2040 (7/03)

20fZ

Been There, inc.
4200 E. Fletcher Ave. Apt. 105
Tampa, Florida 33613
Monday, October 14, 2003

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

Dear Division of Corporations;

I never received my 2003 Uniform Business Report notices for this year; therefore, I am requesting a reinstatement fee waiver for my corporation. I am enclosing this application for reinstatement form and a check for \$150.00 for filing. Thank you very much.

Sincerely,

Scott Barrish

Scott Barrish
Telephone: (813) 349-3846