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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JAN 11 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000032539**

1. Corporation Name

BARRY Financial Services, Inc.

2. Principal Office Address

1580 Sawgrass Corporate Pkwy

Suite, Apt. #, etc.

Suite 130

City & State

Sunrise, FL

Zip

33323

Country

USA

3. Mailing Office Address

1580 Sawgrass Corporate Pkwy

Suite, Apt. #, etc.

Suite 130

City & State

Sunrise, FL

Zip

33323

Country

USA

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

3-30-2001

5. FEI Number

651091183

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

Ray J. Barry

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

934 North University Drive

Suite, Apt. #, Etc.

#121

City

Corral Springs

600064014126

01/19/06--01007--003 **43.75

600064014206

01/19/06--01007--004 **45.00

State

FL

Zip Code

33071

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

[Signature of Ray J. Barry]

Date **1.06.06**

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
DP	Ray J. Barry	934 North University Drive #121	Corral Springs, FL 33071
DST	René D. Crawford	934 North University Drive #121	Corral Springs, FL 33071

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 contained in Chapter 119, 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:

René D. Crawford / René D. Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.06.06

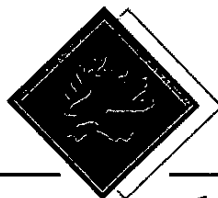
Date

340-775-0709

Daytime Phone #

B. Mitchell JAN 11 2006

20f2



Barry Financial Services

I N C O R P O R A T E D

January 6, 2006

Re: Reinstatement of Barry Financial Services, Inc (P01000032539)

Attn.: Corporation Reinstatement Department
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madame

Per my telephone conversation with Tina, the agent in the Reinstatement Department, on January 6, 2006, I am writing to advise the Department of Corporations that I did not receive the 2004 Annual Report Application. Tina informed me that I would need to send notification in writing to the Department that I had not received the 2004 Annual Report Application. Tina further advised me that the penalties would be waived and I would need to send a check in the amount of \$450.00. I have enclosed a check in the amount of \$450.00 to cover the 2004, 2005 and 2006 Annual Report fees. Also enclosed is another check in the amount of \$8.75 to cover the fee for the certificate of status.

If you should have any further questions, I can be reached at 340-775-0709. Have a great New Year! Thank you for your cooperation and prompt assistance in this matter.

Sincerely,

Rene D. Crawford
Secretary/ Treasurer
Barry Financial Services, Inc.

Enclosure (3)

RDC