

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 23 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041179

1. Corporation Name

BARB'S SUPPORTS SERVICES, INC

300041329259
09/24/04--01064--012 **758.75

2. Principal Office Address

229 OAK BRANCH DR.
P.O. BOX EDGEWATER, FL

3. Mailing Office Address

P.O. BOX 896

REINSTATEMENT 04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EDGEWATER, FL

City & State

EDGEWATER, FL

Zip

Country

32141

VOLOSIA

Zip

Country

32132

VOLOSIA

4. Date Incorporated or Qualified
To Do Business in Florida

4-01

5. FEI Number

593715039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CYNTHIA BARB

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

229 OAK BRANCH DRIVE

Suite, Apt. #, Etc.

City

EDGEWATER

State

FL

Zip Code

32141

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

Cynthia Barb

Date

9-10-04

REGISTERED AGENT MUST SIGN

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
Owner	CYNTHIA BARB	229 OAK BRANCH DR	EDGEWATER, FL 32141

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)(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:

CYNTHIA BARB
Cynthia Barb

9-10-04

Date

386-409-9991

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR