

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000094588

1. Corporation Name

Barr Gallery Inc.

2. Principal Office Address - No P.O. Box #
807 Ohio Avenue

Suite, Apt. #, etc.

City & State
Palm Harbor, FL

Zip
34683

Country
US

3. Mailing Office Address
807 Ohio Avenue

Suite, Apt. #, etc.

City & State
Palm Harbor, FL

Zip
34683

Country
US

REINSTATEMENT

05-07

4. Date Incorporated or Qualified
To Do Business in Florida **09/27/2001**

5. FEI Number
364450500

☒ 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
Geoff Barr

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

Suite, Apt. #, Etc.

City
Palm Harbor, FL

State
FL

Zip Code
34683

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Geoff Barr
REGISTERED AGENT MUST SIGN

Date

8-23-07

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	Geoff Barr	807 Ohio Avenue	Palm Harbor, FL 34683
V	Kandice Carpenter	807 Ohio Avenue	Palm Harbor, FL 34683

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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:

Geoff Barr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoff Barr

8/23/07

Date

813-240-9897

Daytime Phone #