

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000096329

1. Corporation Name

BARKS N BUBBLES, INC.

Principal Place of Business

566 BARTON BLVD STE B  
ROCKLEDGE FL 32955

Mailing Address

566 BARTON BLVD STE B  
ROCKLEDGE FL 32955

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

REINSTATEMENT  
Date Incorporated or Qualified  
To Do Business in Florida

10/01/2001

5. FEI Number

59-3747409

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ABBOTT, SARAH	566 BARTON BLVD	ROCKLEDGE FL 32955

200024705712  
11/14/03 01042 007 \*\*150.00

8. Name and Address of Current Registered Agent

ABBOTT, SARAH D  
566 BARTON BLVD STE B  
ROCKLEDGE FL 32955

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03 6321617  
Date Daytime Phone #

FILED

03 NOV 14 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



To Whom it May Concern:

This is to request reinstatement fees to be waved. I did not receive any other corporation paperwork for this corporation until I received the dissolution notice. I have enclosed the \$150.00 fee to reinstate. Please accept this letter for fees to be waved .

Thank You

Sarah Abbott