

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 AM 8:00

DOCUMENT # PO2000028298

1. Corporation Name

BAR TEN LAND Development, INC.

2. Principal Office Address

P.O. Box 37

3. Mailing Office Address

P.O. Box 37

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wewahitchka, FL

City & State

Wewahitchka, FL

Zip

32465

Country

USA

Zip

32465

Country

USA

REINSTATEMENT

03-04
MKD

4. Date Incorporated or Qualified
To Do Business in Florida

March 02

5. FEI Number

02-0592850

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

Thomas E. Neese

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

181 Betty Rae Dr.

Suite, Apt. #, Etc.

City

Wewahitchka, FLA

State

FL

Zip Code

32465

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]

REGISTERED AGENT MUST SIGN

Date

4-5-04

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
Pres	Thomas E. Neese	181 Betty Rae Dr.	Wewahitchka, FL 32465
Sec/Tres.	Thomas E. Neese II	181 Betty Rae Dr.	Wewahitchka, FL 32465
VIP	Thomas A. Neese	448 Paul St.	Enterprise, AL 36330

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)(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]

Thomas E. Neese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-04

Daytime Phone #

850-639-6813

CR2E081 (10/02)