

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105743

1. Corporation Name

Barbetta Enterprises, Inc.

2. Principal Office Address

480 Radnor Dr.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

USA

3. Mailing Office Address

480 Radnor Dr.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

USA

REINSTATEMENT 03.05

4. Date incorporated or Qualified
To Do Business in Florida

7/31/05

5. FEI Number

43-1976615

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

Richard A. Barbetta

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

480 Radnor Dr.

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

Richard A. Barbetta

Date

7/31/05

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
P	Richard A. Barbetta	480 Radnor Dr.	Palm Harbor, FL 34683

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:

Richard A. Barbetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/21/05

Daytime Phone #

CR2E081 (01/05)

TO whom it may concern,

This note is to let the Division OF corporations know that i was not receiving notice at my old address. that my corporation had been dissolved due to me moving out of area. The letters of notice were returned to you in the mail

Thank you,

Richard Barbetta

Richard Barbetta