

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121883

1. Corporation Name

ERIC BARBERIO, INC.

Principal Place of Business

5166 PRARIE DUNES VILLAGE CIR
LAKE WORTH FL 33463

Mailing Address

5166 PRARIE DUNES VILLAGE CIR
LAKE WORTH FL 33463



800024079658
10/24/03--01019--013 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	BARBERIO, ERIC	5166 PRARIE DUNES VILLAGE CIR	LAKE WORTH FL 33463
D	Barberio, Jennifer	same	same

REINSTATEMENT 03

10/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SKOP, MICHAEL W ESQ.
12865 W DIXIE HWY
N MIAMI FL 33161

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/20/03

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

10/7/03

Date

561 642 6903

Daytime Phone #

CR2E040 (7/03)

Florida Department of State

RE: Eric Barberio, Inc/
Ref: P02000121883

Attn: Administrator

I am respectfully requesting that the Department of Corporations waive the additional fee of \$600.00 for reinstatement. I can honestly state that I did not receive the original notification and so unfortunately, we were late in filing the annual report. I spoke with my attorney, Michael Skop, whose address may be listed in the corporate documents, and he also said he did not receive a notification at his office,.

I received my application back with a letter from Sean Toner on November 1st and spoke with Kathy at your office on November 5th. She confirmed that my original letter, requesting the fee to be waived was not attached, or that it may have been lost in processing. I have stapled this letter to the application to hopefully avoid that happening again.

On behalf of this company, I apologize for any inconvenience caused by this situation. Please note that you have already credited my file with the \$150.00 check previously submitted.

Please feel free to contact me by mail or by phone (561) 248-6958.

Sincerely,



Eric J. Barberio
President
