

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/26/05--01036--001 ***458.75
03-05
T. Roberts JUN 1 2005

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 902 000133967

1. Corporation Name
BARRAS ENTERPRISES INC.

2. Principal Office Address 29450 BERMONT ROAD		3. Mailing Office Address 29450 BERMONT ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PUNTA GORDA, FL		City & State PUNTA GORDA, FL	
Zip 33982	Country USA	Zip 33982	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/20/2002

5. FEI Number 65-1166268	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MICHAEL M. WALLACK, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1819 Main Street

Suite, Apt. #, Etc.
Sarasota City Center, Suite 1100

City
Sarasota

State
FL

Zip Code
34236

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 J. L. Barras Date 02/18/05

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
S	Jean Barras	29450 Bermont Road	Punta Gorda, FL 33982
P	Colin Barras	29450 Bermont Road	Punta Gorda, FL 33982

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: J. L. Barras JEAN BARRAS 02/18/05 941-575-9577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

15 2 072

February 18, 2005

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Reinstatement of Barras Enterprises, Inc.

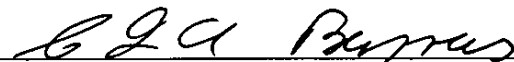
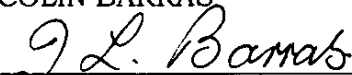
Dear Sir or Madam:

Enclosed herewith please find a completed and executed Corporation Reinstatement form for Barras Enterprises, Inc. together with checks made payable to the Department of State in the amount of \$450.00 and \$8.75. The \$458.75 represents \$150 for 2003, \$150 for 2004, \$150 for 2005 and \$8.75 for a Certificate of Good Standing.

I have not enclosed additional funds for a reinstatement fee, and respectfully request that such reinstatement fee be waived, because we never received annual report forms for the years 2003 or 2004 or 2005. The annual report forms should be sent to our principal and mailing address, which is 29450 Bermont Road, Punta Gorda, FL 33982, but were not received there.

In connection with this reinstatement, please note that Barras Enterprises, LLC, an existing limited liability company, is owned by the same principals, Colin Barras and Jean Barras, who authorize the use of the name Barras Enterprises by Barras Enterprises, Inc. Thus there should be no problem with reinstating the captioned corporation and using the name Barras Enterprises, Inc.

Thank you for your kind assistance in this matter.


COLIN BARRAS

JEAN BARRAS