

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000035974**

1. Entity Name  
**BARMO TRADING CORPORATION, INC.**



FILED  
05 JUL 18 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**13713 GULF BLVD  
MADEIRA BEACH, FL 33708**

Mailing Address  
**13713 GULF BLVD  
MADEIRA BEACH, FL 33708**



2. Principal Place of Business  
**11668 Grove St.**

3. Mailing Address  
**11668 Grove St**

07152005 REIN-P CR2E098 (6/04)

City & State  
**SEMINOLE FL.**

City & State  
**SEMINOLE FL.**

4. FEI Number  
**SG-2338172**

Applied For  
☐ Not Applicable

Zip  
**33772**

Country  
**USA**

Zip  
**33772**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MARNO, MICHAEL  
11668 GROVE STREET  
SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent  
Name  
**MARNO, MICHAEL J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**SAME**  
City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael J. Marno* President. 7/15/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MARMO AIN, MIKE 13713 GULF BLVD MADEIRA BEACH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MICHAEL J. MARNO 11668 Grove St SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Be</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: *Michael J. Marno* President. 7/15/05  
Signature and typed or printed name of signing officer or director Date Daytime Phone #