

03/24/2008 MON 14:18 FAX

002/002

FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000056074

1. Corporation Name

BARRETH SECURITY & SERVICES, CORP.

2. Principal Office Address - No P.O. Box #
312 NW 43RD ST.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33064

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/2008

5. FEI Number

26-2238337

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

SANTA NUNEZ

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

312 NW 43RD ST.

Suite, Apt. #, Etc.

City

POMPANO BEACH

State
FLZip Code
33064☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/24/08

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
PD	SANTA NUNEZ RH	312 NW 43RD ST.	POMPANO BEACH FL 33064

REINSTATEMENT

1-08

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 contained in Chapter 119, 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

3/24/08

Date

Daytime Phone #

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

BARRETH SECURITY & SERVICES, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	500.00

\$300.00

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Corporate Filing Menu

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