

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 11 AM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000098185

1. Corporation Name

BARCHA CONSULTING, INC.

2. Principal Office Address - No P.O. Box #

18174 N.W. 62 CT.

3. Mailing Office Address

18174 N.W. 62 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33015

Country

USA

Zip

33015

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/2003

5. FEI Number
20-0202598

☐ 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

ODETTE BARCHA

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

18174 N.W. 62 CT.

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33015

☒ 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 06/10/09

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	RICARDO ALONSO	18174 N.W. 62 CT.	HIALEAH, FL 33015
VP	ODETTE BARCHA	18174 N.W. 62 CT.	HIALEAH, FL 33015

REINSTATEMENT

RH

609157042776
06/11/09--01055--008 **450.00

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:

ODETTE BARCHA, VP

06/10/09

305-826-5815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #