

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 10 PM 3:04

DOCUMENT # **POS000115043**

1. Corporation Name **BARRY PAPP, INC.**

100162646981
11/10/09--01003--003 **150.00

CR2E081 (10/09)

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

7910 MONTEZUMA TRAIL

3. Mailing Office Address

7910 MONTEZUMA TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32825

Country

USA

Zip

32825

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2003

5. FEI Number

593198956

☐ 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 **BARRY PAPP**

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

7910 MONTEZUMA TRAIL

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825



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 section 617.0503, F.S.

Signature of
Registered Agent

Date **NOV 5 2009**

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
P	BARRY PAPP	7910 MONTEZUMA TRAIL	ORLANDO, FL 32825

REINSTATEMENT 09

B. 11/12/09

10. E-mail Address: **BPAPP@LIVE.COM**

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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

NOV 05/2009

Date

**407 709
7277**

Daytime Phone