

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT 2010-2014</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	<b>FILED</b>  <b>14 AUG 26 AM 8:52</b>  <b>100263743701</b> <b>08/26/14--01030--008 **1350.00</b>  <b>CR2E081 (11/10)</b>		
<b>DOCUMENT #</b> P04000025764					
<b>1. Corporation Name</b>  <h1 style="margin: 0;">Foo Bar, Inc.</h1>					
<b>2. Principal Office Address - No P.O. Box #</b> 816 E. New Haven Avenue <small>Suite, Apt. #, etc</small>		<b>3. Mailing Office Address</b> 2508 Aristocrat Drive <small>Suite, Apt. #, etc</small>			
<b>City &amp; State</b> Melbourne, FL <small>Zip Country</small> 32901 USA		<b>City &amp; State</b> Melbourne, FL <small>Zip Country</small> 32901 USA			
<b>7. Name and Address of Current Registered Agent</b>  <b>Name</b> Kimberly A. Dutton <b>Street Address (P.O. Box Number is Not Acceptable)</b> 2508 Aristocrat Drive <b>Suite, Apt. #, Etc.</b>  <b>City State Zip Code</b> Melbourne FL 32901		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 02/02/2004			
		<b>5. FEI Number</b> 200805588 <table border="1" style="width: 100%;"><tr><td style="width: 80%;"><b>6. CERTIFICATE OF STATUS DESIRED</b></td><td style="width: 20%;"><b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input type="checkbox"/></td></tr></table>		<b>6. CERTIFICATE OF STATUS DESIRED</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input type="checkbox"/>
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		<b>\$8.75 Additional Fee required for a Certificate of Status</b>			
<b>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.</b>  <table style="width: 100%;"><tr><td style="width: 60%;"><b>Signature of Registered Agent</b> <u>Kimberly Dutton</u></td><td style="width: 40%;"><b>Date</b> <u>8/20/14</u></td></tr></table> <p style="text-align: center; margin-top: -20px;">REGISTERED AGENT MUST SIGN</p>				<b>Signature of Registered Agent</b> <u>Kimberly Dutton</u>	<b>Date</b> <u>8/20/14</u>
<b>Signature of Registered Agent</b> <u>Kimberly Dutton</u>	<b>Date</b> <u>8/20/14</u>				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>		
PVST	Kimberly A. Dutton	2508 Aristocrat Drive	Melbourne, FL 32901		
<b>10. E-mail Address:</b> kimberly.foo@bar@gmail.com <small>(To be used for future annual report notification)</small>					
<b>11. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.</b>					
<b>SIGNATURE:</b> <u>Kimberly Dutton</u>		<b>Date</b> <u>8/20/14</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>			

K. ASHTON