

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -5 AM 7:42

DOCUMENT # P05000016105

1. Corporation Name

Craig Bark Enterprises, Inc.

600156845946
06/05/09--01004--023 **458.75

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box # 2005 White Coral Ct.		3. Mailing Office Address 2005 White Coral Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wellington		City & State Wellington	
Zip FL	Country USA	Zip 33414	Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida 02.01.2005	
5. FEI Number 043807524	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Craig A Bark		
Street Address (P.O. Box Number is Not Acceptable) 2005 White Coral Ct.		
Suite, Apt. #, Etc.		
City Wellington	State FL	Zip Code 33414

☒ 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

[Signature]

Date 06.02.2009

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
Owner	Craig A Bark	2005 White Coral Ct.	Wellington, FL 33414

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]

Craig A Bark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06.02.2009

Date

(561) 603-4328

Daytime Phone #