

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 23 PM 4:10

DOCUMENT # P05000077049

1. Corporation Name

BAR-B-Q-BOYZ, INC.

2. Principal Office Address

110 S. ORTMAN DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32805

Country

USA

3. Mailing Office Address

805 S. KIRKMAN RD

Suite, Apt. #, etc.

SUITE 203

City & State

ORLANDO, FL

Zip

32811

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/2005

5. FEL Number

42-1670154

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

RUTHA M. ADAMS

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

110 S. ORTMAN DR.

Suite, Apt. #, Etc.

City

Orlando, Florida

State

FL

Zip Code

32805

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]

REGISTERED AGENT MUST SIGN

Date

8/17/06

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	RUTHA M. ADAMS	110 S. ORTMAN DR.	Orlando, Florida 32805
VP	MARILYN JACKSON	4818 ROLLING OAKS DR	Orlando, Florida 32818
VP	Barbara J. Adams	110 S. ORTMAN DR.	Orlando, Florida 32805
VP	CHERYL BROWN	327 HARBOUR PT BLVD	Orlando, Florida 32835

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

8/17/06

Daytime Phone #

4072913700



BJ Adams
& Associates

Professional Accountants



Tuesday, August 8, 2006


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that, BAR-B-Q-BOYZ, INC has changed their mailing address and didn't receive their annual notice for reinstatement for 2006. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$ 150.00 is enclosed for the said year. If there are any questions you can contact me at 407-297-3700. Document #P05000077049.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Barbara J. Adams
Accountant



Barbara J. Adams, CEO
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1-800-897-3230 Toll Free
email : bjadamsnassoc@yahoo.com

