

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB 16 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000109455

1. Entity Name
BARTOW PROPERTIES, INC.

Principal Place of Business
**330 E MAIN ST
BARTOW, FL 33830**

Mailing Address
**330 E MAIN ST
BARTOW, FL 33830**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
Post Office Box 2228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bartow, FL

Zip

Country

Zip

33831

Country

01292007 REIN-P CR2E098 (1/07)

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKINLEY, RICHARD A
190 E DAVIDSON STREET
BARTOW, FL 33830**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard McKinley
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 30, 2007

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D**
STREET ADDRESS **MCKINLEY, RICHARD A**
CITY-ST-ZIP **190 E DAVIDSON STREET
BARTOW, FL 33830**

TITLE Change Addition
NAME **800089722368**
STREET ADDRESS **03/01/07--01003--010**
CITY-ST-ZIP ****300.00**

TITLE Delete
NAME **D**
STREET ADDRESS **O'TOOLE, NEAL L**
CITY-ST-ZIP **310 EAST MAIN STREET
BARTO, FL 33830**

TITLE Change Addition
NAME
STREET ADDRESS **BARTOW, FL 33830**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard McKinley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Jan. 30, 2007

863-533-6698

REINSTATEMENT

B2/19/07