

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000014556

1. Entity Name  
BARRIOS GROUP INC



Principal Place of Business  
2105 SW 60 COURT  
MIAMI, FL 33155

Mailing Address  
2105 SW 60 COURT  
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #  
11397 W. FLAGLER  
Suite, Apt. #, etc.

3. Mailing Address  
11397 W. FLAGLER  
Suite, Apt. #, etc.

City & State  
MIAMI FL  
Zip  
33174  
Country  
US

City & State  
MIAMI FL  
Zip  
33174  
Country  
US

11052008 REIN-P CR2E098 (1/07)

4. FEI Number  
2792856-4

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRIOS, ANGEL  
2105 SW 60 COURT  
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name  
ANGEL BARRIOS

Street Address (P.O. Box Number is Not Acceptable)  
11397 W. FLAGLER

City  
MIAMI FL Zip Code  
33174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07-22-08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BARRIOS, ANGEL  
2105 SW 60 COURT  
MIAMI, FL 33155 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ANGEL BARRIOS  
11397 W. FLAGLER  
MIAMI, FL 33174 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900137794019  
11/10/08--01062--013 \*\*150.00 ☐ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-22-08 305-431-6990