PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2022 NOV 17 PM 4:12

Tallahassee, Florida

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19000050665

1. Corporation Name
Barry Oliver Seplow Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
410 Hendricks Isle	Same
Suite, Apt. #, etc.: Apt 304	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State
Zip: 33301 Country: USA	Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 5-1-19

5. FEI Number: 84-173554 ☐ 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: Barry Manko

Street Address (P.O. Box Number is Not Acceptable): 410 Hendricks Isle Apt 304

Suite, Apt. #, Etc.:

City: Fort Lauderdale State: FL Zip Code: 33301

11-17-22 DC

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: Barry Manko (REGISTERED AGENT MUST SIGN) Date: 11/16/22

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
President	Barry Manko	410 Hendricks Isle Fort Lauderdale FL 33301	

10. E-mail Address: Barry.manko@gmail.com
(To be used for future annual report notification)

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.

SIGNATURE: Barry Manko 11/16/22 5612896351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #