

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 12:28

DOCUMENT # **P30346**

1. Corporation Name

BARKER & JANECKY, P.C.

Principal Place of Business

25 WEST CEDAR
STE. 280
PENSACOLA FL 32501
US

Mailing Address

PO BOX 2987
MOBILE AL 36652
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/31/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 63-0817700	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JANECKY, JOHN F.	3300 FIRST NATL BANK BLD	MOBILE AL
VD	NEWELL, MARK A.	3300 FIRST NATL BANK BLD	MOBILE AL
VD	POTTS, CHARLES J	3300 FIRST NATL BANK BLD	MOBILE AL
VD	WILSON, DAVID M	505 N. 20TH ST	BIRMINGHAM AL 35203
VD	SMITH, SUSAN G	3300 FIRST NATL BANK BLD	MOBILE AL
TSD	MASTURSON, KEVIN F	3300 FIRST NATL BANK BLD	MOBILE AL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NEWELL, MARK A. 25 WEST CEDAR STE. 280 PENSACOLA FL 32501		Name	
		Street Address (P.O. Box Number is Not Acceptable) 600003463316-3	
		Suite, Apt. #, Etc. -11/14/00-01088-003 ***750.00 ***750.00	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Mark A. Newell
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/20/00**

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., 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 under section 119.07(3)(i), 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:

Mark A. Newell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00 (334)
Date Daytime Phone # **432-8786**

CR2E040 (8/00)