

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 25 AM 8:34

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

PA2000010328

1. Corporation Name

BARLETT HOLDING COMPANY, INC.

2. Principal Office Address

11900 Biscayne Blvd

3. Mailing Office Address

11900 Biscayne Blvd

Suite, Apt. #, etc.

#700

Suite, Apt. #, etc.

#700

City & State

N Miami, FL

City & State

N Miami, FL

Zip

33181

Country

US

Zip

33181

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593154548

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

98-03

**7. Name and Address of Current Registered Agent**

Name

Bruce A. Roberts

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

c/o Prudential Securities

Suite, Apt. #, Etc.

19495 Biscayne Blvd Suite 500

City

Aventura

State  
FL

Zip Code  
33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of  
Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

9/8/03

**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
P/T/S/D	Bartlett, Lewis M	P.O. Box 951, Blakely Farm Road	Colebrook, NH 03576

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 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:

*[Handwritten Signature]* Lewis M Bartlett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

17 Sep 2003

603-237-5341

Daytime Phone #

CR2E081 (10/02)

9/26/03