PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 DEC -8 AM II: 11 DOCUMENT # P93000018799 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA BARBOZA ENTERPRISES. CORP. Principal Place of Business Mailing Address 12811 COUNTRY GLEN DR COOPER CITY, FL. 33330 If above addresses are incorrect in any way, line through incorrect information and enter correction bet 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 03/12/93 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FÉI Number Applied For City & State City & State 65-0398835 Not Applicable \$8.75 Additional Fee require Country Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors "Title(s)" City / State / Zip P/D BARBOZA, BEATRIZ Cooper City, Fl. 33330 12811 Country Glen Dr S/D BARBOZA, JOSE L. 12811 Country Glen Dr Cooper City, Fl. 33330 600002709036<u>-00</u>71-005 \*\*\*\*\*900.00 \*\*\*\*\*900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent JOSE LUIS BARBOZA Street Address (P.O. Box Number is Not Acceptable) 12811 COUNTRY GLEN DR COOPER CITY, FL. 33330 Suite, Apt. #, Etc. State | Zip Code 10. I, being appointed the registered agent of the above parties corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent \_ 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) No Yes 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or tristee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 lees owed by the corporation have been paid. The internation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR