

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

8192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine Hall
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 11 AM 9:23

DOCUMENT #

P94000021845

1. Corporation Name

BARNES Cleaners, Inc.

2. Principal Office Address

1003 N Cove Blvd.

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

/USA

3. Mailing Office Address

1003 ML King Blvd.

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/17/94

5. FEI Number

59-3232139

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

Tony Barnes

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

1003 North Cove Blvd

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

Tony Barnes Jr.
REGISTERED AGENT MUST SIGN

Date

July 3, 2001

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
D	Tony Barnes	1003-N.- Cove Blvd	Panama City, FL 32401
D	Mary Barnes	1003 N. Cove Blvd	Panama City, FL 32401

SP

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:

Tony Barnes Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 3, 2001

Daytime Phone #

850-485-6771

CR2E081 (9/00)

Pg 2 of 2

July 3, 2001

Florida Department of State

RE: Reinstatement of Corporate Document #P94000021845

Due to the fact that the street name had been changed, but not the physical location, ~~the postal service did not deliver my annual report form.~~ Therefore, I did not get the form; therefore, I did not file a timely report.

Under these conditions your office told me to write you a letter of explanation, and send you a check for \$300.00 to cover a reinstatement fee.

Thank you for your consideration.



Tony Barnes