

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000021845

1. Corporation Name

Barnes Cleaners, Inc

2. Principal Office Address

1003 N. Cove Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1003 N. Cove Blvd

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32401

Country

USA

Zip

32401

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/17/1994

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 N 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*  
REGISTERED AGENT MUST SIGN

Date 10/5/03

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

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: X

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

10/5/03

Date

805-785-6771

Daytime Phone #

CR2E081 (10/02)

2/10/5