

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P94000089205(6)

1. Corporation Name

BAR-BELL-BAR, INC.

97 SEP 30 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

Principal Place of Business

2504 Appaloosa Trail  
West Palm Beach, FL  
33414

2504 Appaloosa Trail  
West Palm Beach, FL  
33414

REINSTATEMENT 90-97

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

2504 Appaloosa Trail  
Suite, Apt. #, etc.

2504 Appaloosa Trail  
Suite, Apt. #, etc.

12/08/94

5. FEI Number

Applied For

65-0538189

Not Applicable

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33414

33414

CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Barry Kasman	2504 Appaloosa Trail	West Palm Beach, FL 33414
D	Barbara Kasman	2504 Appaloosa Trail	West Palm Beach, FL 33414
D	Marcus Rankin	2504 Appaloosa Trail	West Palm Beach, FL 33414
D	Thomas Trocolli	141 SE 6th Court	Pompano Beach, FL 33060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Steven Sciarretta, P.A.  
2300 Glades Road Suite 302 E  
Boca Raton, FL 33431

Name

Steven Sciarretta, P.A.

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

2300 Glades Road Suite 302E  
Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

900002310659--5

Date 10/02/97--01118--011

\*\*\*915.00 \*\*\*915.00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing 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 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., and that all fees owed by the corporation have been paid. 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:

Barry H. Kasman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 29, 1997 416-867-6120

Date

Daytime Phone #

CR2040 (6/94)