PLEASE READ ALL INSTRUCTIONS APPLICATION FOR FOR Secretary of S REINSTATEMENT PLEASE READ ALL INSTRUCTIONS FLORIDA DEPARTMENT FLORIDA DEPARTMENT FLORIDA DEPARTMENT FLORIDA DEPARTMENT FLORIDA DEPARTMENT FLORIDA DEPARTMENT	TOF STATE rris sete
DOCUMENT # P9500007679 1. Corporation Name BARNES ENTERPRISES OF SARASOTA, I	DOC. STATE
Principal Place of Business 3727 BREEZEMONT DR. 3727 BREEZEMONT SARASOTA, FL 34232 SARASOTA, FL	
Suite, Apt. #, etc Cuy & State Physical Country Zip 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit Corpora Name of Officers and/or Directors 1 Inle(s) 2 Inle(s) 2 Inle(s) 2 Inle(s) 2 Inle(s) 3 (Do NOT Us	Applicable EAST 4. Date Incorporated or Qualified To Do Business in Florida SEP 7 3.5. 1996 5. FET Number 6. Applied For Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status set Address of Each incer and/or Director se Post Office Box Numbers 4. Date Incorporated or Qualified To Do Business in Florida SEP 7 3.5. 1996 Applied For Not Appli
PRES JIMMY W. BARNES	PALMENO, FL 3421 PALMENO, FL
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JIM CORRIDON) 3727 BREEZEMONT DRIVE SARASOTA, FL 34232	Namic TIMMY W. BARNES Street Address (P.O. Box Number is Not Acceptable) William D.R. E. Suite, Apt #, Etc. City PAMETTO State State State Zip Code FL 3422
10 t, being appointed the registered agent of the above named corporation, am familiar with Signature of Registered Agent Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year Intangible Personal Property Tax due June 30.	th and accept the obligations of Section 607.0505, F.S Date #18 9 9 (See other side for information on inlang-blot tax.)
12. 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 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. 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: SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR