

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000026610**

1. Corporation Name

BARNETT PLAZA CORPORATE SUITES, INC.

400008755554
11/01/02--01038--018 **758.75

Principal Place of Business

Mailing Address

2655 N OCEAN DR #300
SINGER ISLAND FL 33404

2655 N OCEAN DR #500
SINGER ISLAND FL 33404



REINSTATEMENT *02*

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0572212

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WIITA, BRIAN	2655 N OCEAN DRIVE, STE 500	SINGER ISLAND FL 33404
VP	ENGEL, LINDA K <i>Delete</i>	2655 N OCEAN DRIVE, STE 500	SINGER ISLAND FL 33404

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Wita, Brian
~~ENGEL, LINDA K~~
2655 N. OCEAN DR.
SUITE 500
SINGER ISLAND FL 33404

Name

Brian Wiita

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

2655 N Ocean Dr.

Suite, Apt. #, Etc.

500

City

Singer Island

State
FL

Zip Code
33404

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *10/28/02*

11. 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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-844-7700

10/28/02