

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P95000042763

1. Corporation Name

**BARCELONA COLLECTION MANAGEMENT CORP.**

Principal Place of Business

1100 Sawgrass Village Place  
Suite 201-D  
Ponte Vedra Bch, FL 32082

Mailing Address

SAME

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

**REINSTATEMENT** 08-99

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

1100 Sawgrass Village Place

Suite, Apt. #, etc.  
Suite 201-D

City & State

Ponte Vedra Bch, FL 32082

Zip

32082

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/01/1995

5. FEI Number

59-3330200

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D,P	Bernard Corbera	1100 Sawgrass Village Place Suite 201-D	Ponte Vedra Bch, FL 32082
D,S,T	Joseph H. Arnall	1100 Sawgrass Village Place Suite 201-D	Ponte Vedra Bch, FL 32082

RECEIVED 08/03/99 01067-007  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

RAX CO.  
50 North Laura Street, Suite 3300  
Jacksonville, Florida 32202

9. Name and Address of New Registered Agent

Name

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

City

State  
**FL**

Zip Code

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

*Halcyon E. Skinner*

Halcyon E. Skinner, President

Date

12/15/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible 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 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:

*Joseph H. Arnall*

Joseph H. Arnall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99 (904) 249-1990  
Date Daytime Phone