

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P95000049322</u>			
1. Corporation Name <u>BARBER CONSTRUCTION Company</u>			
Principal Place of Business		Mailing Address	
<u>JAMES T. BARBER</u>		<u>WILTON MANORS</u>	
<u>2404 N. OXIE HWY</u>		<u>FLA. 33305</u>	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
	<u>BROWARD</u>		
4. Date Incorporated or Qualified To Do Business in Florida		6-22-95	
5. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
<u>PRES.</u>	<u>JAMES T. BARBER</u>	<u>1012 NE 17 CT</u>	<u>FT. LAUD. FLA. 33305</u>
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>JAMES T. BARBER</u>		Name	
<u>1012 NE 17 CT</u>		Street Address (P.O. Box Number is Not Acceptable)	
<u>FT. LAUD. FLA. 33305</u>		Suite, Apt. #, Etc.	
		City	
		State	
		Zip Code	
		<u>FL</u>	
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		Date	
<u>[Signature]</u>		<u>10/27/99</u>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>[Signature]</u>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
<u>JAMES T. BARBER</u>		<u>10/27/99</u>	
		Daytime Phone #	
		<u>954-5650926</u>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT

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