

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 # 905000057563  
1. Corporation Name BARBARA Selph ENT, INC.  
5149 Buckhead Rd  
Middleburg, FL 32068

Principal Place of Business

Mailing Address

**FILED**  
97 DEC 31 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 96-97

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 <u>7-25-95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-3327774</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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
Pres.	SELPH, BARBARA A.	5149 Buckhead Rd. Mdy, Fl.	Middleburg, FL 32068
Dir.	BRADLEY, Verlena A.	5147 Buckhead Rd. Middleburg, FL 32068	Middleburg, FL 32068

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-01/06/98--01069--029  
\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name BARBARA A. Selph  
Street Address (P.O. Box Number is Not Acceptable)  
5149 Buckhead Road  
Suite, Apt. #, Etc.

Middleburg

State FL Zip Code 32068

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

Barbara A. Selph Pres.  
REGISTERED AGENT MUST SIGN

Date 12-30-97

11. 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.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara A. Selph (PRES)

DEC. 29, 1997 904-282-9453  
Date Daytime Phone #