PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 27 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P96000011113

1. Corporation Name
BARRIOS & NEGRON INC

2. Principal Office Address	3. Mailing Office Address
86 MCLEAN AVE	P.O. BOX 58
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: YONKERS N.Y.	City & State: BRONX N.Y.
Zip: 10705 Country: Westchester	Zip: 10463 Country: BRONX

4. Date Incorporated or Qualified To Do Business in Florida: 2/1/1996

5. FEI Number: 13-4051176 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: UCC FILING & SEARCH SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 526 E PARK AVENUE

REINSTATEMENT 00-01

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Ed Hand President
REGISTERED AGENT MUST SIGN

Date: 7/23/01

CR2E031 (9/95)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Nancy Gonzalez	452 Osceola St. Suite 4	Altamonte Springs FL 32701
Dir	STEVE NEGRON	4040 BRONX BLVD	BX NY 10466
Dir	JERRY BERRIOS	4040 BRONX BLVD	BX NY 10466
Dir	JESSICA BARRIOS	4040 BRONX BLVD	BX NY 10466
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10. 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: Nancy Gonzalez Pres. 7/20/01 407-299-1897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nancy Gonzalez