Country USA Zip Country USA Centificate of Status Desired Series Additional Fee requirements of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s)				·		
DOCUMENT # P46000024731 1. Corporation Name Barkentine Management, Corp. Principal Place of Business Mailing Address 5251 Orduna Dr. Coral Gables, F1.33146 If above addresses are incorrectin any way. Time through incorrect information and enter correction below. 1. Name Principal Office Address If Applicable 12386 SW 82 Ave 1	OF STATE is te	ORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State	· · · · · · · · · · · · · · · · · · ·	PPLICATION FOR		
Principal Place of Business S251 Orduna Dr Coral Gables,Fl.33146 B above addresses are incorrect in any way. line through incorrect information and enter correction below 12386 SW 82 Ave 1	99 APR 26 AH 7: 59	4731		CUMENT # poration Name	DOCL	
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Coral Gables, F1. 33146 Coral Gables, F1 33146 If above addresses are incorrect in any way, line through incorrect information and enter correction below 12386 SW 82 Ave 12386 SW 82 Ave 12386 SW 82 Ave Suite, April etc. 12386 SW 82 Ave Suite, April etc. 12386 SW 82 Ave Suite, April etc. Miami, F133156 City & State Zo Country USA 7. Names and Street Address of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (City / State / Zp Coral Gables, F1 331 46 The Lauren Charles 16330 SW 109Ave Miami, F1:33157 Coral Gables, F1:33146 Street Address (F0 Box Number is Not Acceptable) Street Address (F0 Box Number is Not Acceptable) Street Address (F0 Box Number is Not Acceptable) State Zp Code Ft Zp Code Tt Zp Code Tt		ling Address	M	al Place of Business	Principal Pla	
2. New Principal Office Address. If Applicable 1238 6 SW 82 Ave 228 6 SW 82 Ave 234 6 SW 82 Ave 24 8 8 8 8 8 8 8 2 Ave 24 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	hlog 81	Coral Gables,Fl				
City & State City & State City & State City & State City & City	4. Date Incorporated or Qualified 3//5/96 To Do Business in Florida 3/15/96	New Mailing Office Address, If Applicable 2386 SW 82 Ave	pplicable 3	Principal Office Address, If A	2. New Prin	
Country USA Zip Country USA CERTIFICATE OF STATUS DESIRED Served Address of Status Status Certificate of Status Certificate of Status			l			
Title(s) 2 Name of Officers and/or Directors 3 Officer and/or Director (Do NOT Use Post Office Box Numbers) 4 City / State / Zep Office Box Numbers) 4 Coral Gables, Fl 331 46 WD Stan Brantley 5251 Orduna Dr Coral Gables, Fl 33146 T Lauren Charles 16330 SW 109Ave Miam/, Fl 33157 Lauren Charles 16330 SW 109Ave Miam/, Fl 33157 B. Name and Address of Current Registered Agent Name Brantley, M. 5251 Orduna Dr. Coral Gables, Fl 33146 Street Address (P.O. Box Number is Not Acceptable) State Zep Code State Zep Code	CERTIFICATE OF STATUS DESIRED 17 38.73 Additional Fee required				Ζφ	
Title(s) 2 and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City/State / Zip PD Mae Quiles Brantley 5251 Orduna Dr. Coral Gables, Fl 331 46 VD Stan Brantley 5251 Orduna Dr Coral Gables, Fl 33146 T Lauren Charles 16330 SW 109Ave Miam/, Fl 33157 DLICIO C 251 1 5 5 0 - 0 - 05/04/99 - 01029 - 034 ***1058, 75					7. Names a	
VD Stan Brantley 5251 Orduna Dr Coral Gables,Fl33146 T Lauren Charles 16330 SW 109Ave Miami,Fl33157 COCICION 12-28-15-15-50	r and/or Director City / State / Zip	Officer and/or Director) and		
T Lauren Charles 16330 SW 109Ave Miam', Fl33157 CUCIODO 286-1550	duna Dr. Coral Gables F1 331 46	y 5251 Orduna Dr	s Brantle	D Mae Quile	₽D	
Brantley, M. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State FL State Zip Code	una Dr Coral Gables,Fl33146	5251 Orduna Dr	antley	D Stan Br	VD	
Brantley, M. Street Address (P.O. Box Number is Not Acceptable) State Apr #, Etc City State Zip Code FL City FL City FL City City	109Ave Miami, Fl'33157	16330 SW 109Ave	harles	Lauren C	T	
Brantley, M. 5251 Orduna Dr. Coral Gables, Fl. 33146 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Etc. City State Zip Code FL.	-05/04/9901029034					
5251 Orduna Dr. Coral Gables,Fl.33146 Suite, Apt #, Etc City State Zip Code FL			ess of Current Regis	B. Name and Add		
Coral Gables, F1.33146 Suite, Apt #, Etc City State Zip Code	street Address (P.O. Box Number is Not Acceptable)				1	
	Sity State Zip Code	33146 Suite, Apt. #, Etc.			J	
10. It being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505. F.S Signature of Registered Agent REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN	and accept the obligations of Section 607.0505, F.S	2 Mae	e B	re of	Signature of	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (Sec other side for information on intangible tax.)		ent year ax due June 30. Yes	owes the cui	This corporation ntangible Persor	11. Thi Inta	
12. Lecrify that Lam 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 reinstalement 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 (Date 19-99 669-3634)	2 Brantley 4-19-99 6692634	Mae Bra	LL B	ATURE: SIGNATURE A	SIGNAT	