

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

93 APR 26 AM 7:59

RECEIVED BY STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000024731

1. Corporation Name
Barkentine Management, Corp.

Principal Place of Business Mailing Address

**5251 Orduna Dr
 Coral Gables, Fl. 33146** **5251 Orduna Dr.
 Coral Gables, Fl
 33146**

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

2. New Principal Office Address, If Applicable 12386 SW 82 Ave	3. New Mailing Office Address, If Applicable 12386 SW 82 Ave
Suite, Apt. #, etc. Miami, Fl 33156	Suite, Apt. #, etc. Miami, Fl. 33156
City & State	City & State
Zip Country USA	Zip Country USA

REINSTATEMENT 07-99

4. Date Incorporated or Qualified To Do Business in Florida **3/15/96**
~~3/15/96~~

5. FEI Number **65-0651319**

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

Applied For
 Not Applicable

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
PD	Mae Quiles Brantley	5251 Orduna Dr.	Coral Gables Fl 33146
VD	Stan Brantley	5251 Orduna Dr	Coral Gables, Fl 33146
T	Lauren Charles	16330 SW 109 Ave	Miam, Fl 33157

000002861550--8
 -05/04/99--01029--034
 ***1058.75 ***1058.75

B. Name and Address of Current Registered Agent

**Brantley, M.
 5251 Orduna Dr.
 Coral Gables, Fl. 33146**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt #, Etc
 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: *Mae Brantley* **Mae Brantley** **4-19-99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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)(b), 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: *Mae Brantley* **Mae Brantley** **4-19-99** **305 669-2634**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2FOR112-99A