

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG 28 PM 1:05

SEC. OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028527

**1. Corporation Name**

BARBER ELECTRICAL SERVICES, INC.

**2. Principal Office Address**

1081 NW 53 STREET

Suite, Apt. #, etc.

**3. Mailing Office Address**

1081 NW 53 STREET

Suite, Apt. #, etc.

**City & State**

FT. LAUDERDALE, FL

Zip

33309

Country

USA

**City & State**

FT. LAUDERDALE, FL

Zip

33309

Country

USA

REINSTATEMENT 04-06  
CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/01/1996

**5. FEI Number**

65-0659535

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ROBERT A. BARBER

Street Address (P.O. Box Number is Not Acceptable)

1081 NW 53 STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33309

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 8-25-06

**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
PD	ROBERT A. BARBER	1081 NW 53 STREET	FT. LAUDERDALE, FL 33309

**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 contained in Chapter 119, 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

Daytime Phone #