

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

2004BL

P8192

DOCUMENT # **P96000028814**

1. Corporation Name

BARRY ENGEL ACCOUNTING & BOOKKEEPING, INC.

Principal Place of Business

Mailing Address

1250 S HWY 17-92 SUITE 120
LONGWOOD FL 32750

1250 S HWY 17-92 SUITE 120
LONGWOOD FL 32750

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/22/1996

5. FEI Number

59-3367496

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ENGEL, BARRY	1250 S HWY 17-92 SUITE 120	LONGWOOD FL 32750

600003441626--7
-10/27/00-01014-025
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ENGEL, BARRY
1250 S HWY 17-92
SUITE 120
LONGWOOD FL 32750

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/11/00**

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/00
Date

407-830-5835
Daytime Phone #

Barry Engel Accounting and Bookkeeping, Inc.

1250 South Highway 17-92
Suite 120
Longwood, FL 32750
(407)830-5835
Fax (407)767-5050

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October 12, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

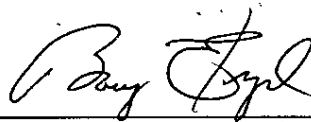
Re: Barry Engel Accounting & Bookkeeping, Inc.
FEIN# 59-3367496

To Whom It May Concern:

In April of 2000 we mailed our annual report, as we do every year since incorporation, with check # 3375 for \$150.00. We had noticed that the check did not clear our account but assumed it would be deposited at a later date by your office due to the fact we did not receive a letter or 2nd notice to the contrary.

On October 12, 2000 we received a Notice of Administrative Dissolution or Revocation. I immediately called your office and spoke with a young man named Tyrone who then instructed me to sign the recently received document and mail it to your office with the enclosed replacement check for \$150.00 and this letter.

If you have any further questions, please do not hesitate to contact me at the numbers above. Thank you for your cooperation.



Barry Engel
President/Owner