

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 21 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

BARBIB, INC.

P96 0000 37323

2. Principal Office Address

7051 SW 144 PLACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

Country

3. Mailing Office Address

9990 SW 77th AVE

Suite, Apt. #, etc.

#311

City & State

MIAMI FL

Zip

Country

33156

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

KATHLEEN M WEBER RASKIN

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

9990 SW 77th AVE #311

Suite, Apt. #, Etc.

MIAMI FL 33156

City

State
FL

Zip Code

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

Kathleen M Weber Raskin
REGISTERED AGENT MUST SIGN

Date 2/14/03

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
D	BARRY Ferguson	7051 SW 144 PLACE	MIAMI FL 33183
D	Mildred Ferguson	7051 SW 144 PLACE	MIAMI FL 33183

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:

Barry Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/6/2003

305-325-8090
Daytime Phone #

CR2E081 (10/02)