


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| | | |
|--------------------------------------|---|---|
| CORPORATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Katherine Harris Secretary of State DIVISION OF CORPORATIONS |

FILED

00 DEC 26 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000099364**

1. Corporation Name

BARTIZAN AMERICAN COMMUNICATIONS, INC.

2. Principal Office Address

5209 FAR OAK CIRCLE

3. Mailing Office Address

5209 FAR OAK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

Zip

34238

Country

USA

Zip

34238

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/96

5. FEI Number

65-0711678

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

BARROWS, JACK

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

5209 FAR OAK CIRCLE

Suite, Apt. #, Etc.

City

SARASOTA, FLORIDA

State
FL

Zip Code

34238

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

Jack Barrows
REGISTERED AGENT MUST SIGN

Date

12/20/00

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 |
|--------|--------------------------------------|---|-------------------------|
| C | BARROWS, JACK | 5209 FAR OAK CIRCLE | SARASOTA, FLORIDA 34238 |
| P | ENGLAND, J H | 3283 ALEX FINDLAY PLACE | SARASOTA, FLORIDA 34240 |
| EVP | HARRIS, W R | 1720 ANCHORAGE STREET | SARASOTA, FLORIDA 34231 |
| | | | |
| | | | |
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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:

Jack Barrows
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACK BARROWS, CHAIRMAN

Date

(941) 923-0397

Daytime Phone #