PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P96000101754 **DOCUMENT #**

1. Corporation Name

RJ BARRETT INCORPORATED



97 DEC -3 AM 9:27

SEGRE WRY OF STATE TAELAHASSEE FLORIDA

Principal Place of Business Malling Add				ress			Thun Bull Ball Ball Ball Ball Inc.	44811 38884 BAIM B.B. 148-	
SUITE 305-W SUITE 305-				1900 CORPORATE BOULEVARD					
			BOCA RATON			1 10 0 10 0 1 10		11911 10091 01 11 9191 091	
						KLINS	TATEMENT		
		Incorrect in any way, line				4		1 1,6W	
2. New Principal Office Address, If Applicable 3. New Mai				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 12/16/1996			
Suite, Apt. #, etc. S			Suite, Apt. #,	Suite, Apt. #, etc. City & State		r FELM			
City & State			City & State				717758	Applied For Not Applicable	
Zip C		Country	Zip	Zip Countr		6.		5 Additional Fee required	
7 Names a	and Observed As	ld				<u> </u>		or a Certificate of Status	
7. Names E	and Street Ad	Idresses of Each Officer a Name of Officers	ing/or Director (Flor		etions must list at le		T		
Title(s)	and/or Directors			Of	Officer and/or Director Use Post Office Box Numbers)		City / State / Zip		
Pres.	milton H. Ba			1900 Corporate B		Vd.,#305W	^ ^ .		
			arbarosh				Boca Rator	FL 33431	
000		•			1.5	مرد الحاريات	3 D 0	ton, Fil 3343	
CEO	KODE	ert J. Barr	ett 111.	1900 Co	rporate 13	1Vd., #305	w Boca Ka	ron, +4 3343	
					•	·			
	· 							· (((
					200023662529 -12/08/9701141020 ****750.00 ****750.00				
					**** ^{750.00} **** ^{750.00}				
8. Name and Address of Current Registered Agen				nt	9. Name and Address of New Registered Agent			gent	
BARRETT, NOBERT-J.					milton H. Barbarosh				
1900 CORPORATE BOULEVARD					Street Address (P.O. Box Number Is Not Acceptable)			949	
SUITE 305-W					Suite, Apt. #, Etc.				
BOCA R	IATON FL 3	3431			City		Ctata	Tip Code	
			0	0	City		State FL	Zip Code	
· · · · · · · · · · · · · · · · · · ·	•	e redistence age it of the	aboyo named corpo	alion, am familiar wi	ith and accept the o	obligations of Secti	· , ,		
Signature of Registered	A	M. 17. X	6				Date 11/20/1	7	
	- J		REGISTERED A&						
		ration owes or Personal Prope			ar Yes 🔽	No 🗆		o for information gible tax.)	
this reins owed by	statement ap _i the corporat	plication, the reason for di	issolution has been : he names of Individu	eliminated, the corpo ials listed on this for	orate name satisfies m do not qualify for	s the requirements r an exemption und	pter 607 or 617, F.S. I further of of section 607.0401 or 617.04 der section 119.07(3)(i), F.S. T	01, F.S., that all fees	

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR