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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
04 MAR 25 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # 997000 025833

1. Corporation Name

Florida Barnacles, Inc.

2. Principal Office Address
6010 Westport Lane

Suite, Apt. #, etc.

City & State
Naples, FLZip
34116

Country

3. Mailing Office Address
6010 Westport Lane

Suite, Apt. #, etc.

City & State
Naples, FLZip
34116

Country

4. Date Incorporated or Qualified
To Do Business in Florida 3/16/19975. FEI Number
650760397Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Richard E. TranchandStreet Address (P.O. Box Number is Not Acceptable)
6010 Westport Lane

Suite, Apt. #, Etc.

City
NaplesState
FLZip Code
34116

000031369580

03/30/04--01018--002 **450.00

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

REGISTERED AGENT MUST SIGN

Date 3/22/04

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
Pres.	Richard E. Tranchand	6010 Westport Lane	Naples, FL 34116
VP	Carole S. Tranchand	6010 Westport Lane	Naples, FL 34116
Treas.	Richard James Tranchand	6010 Westport Lane	Naples, FL 34116

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)(f), 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

3/22/04

Date

2392504533

Daytime Phone #

CORP-001 (3/1/04)

AR

PS 272

Florida Barnacles, Inc.
6010 Westport Lane
Naples, FL 34116

March 22, 2004

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

Re: Florida Barnacles, Inc.
Corporation Reinstatement

Dear Division of Corporations:

It has recently come to our attention that your office records indicate that Florida Barnacles, Inc. has an inactive status. Our corporation is currently active. We never received our Annual Report form for 2002 or 2003. This may be due to the change of the street name in our address.

I have completed and enclosed the Corporation Reinstatement form. Please update your records accordingly. Thank you for your help in this matter. If you have any questions, you may contact me at 239-250-4533.

Sincerely,



Richard E. Tranchand
President

enclosures