

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 DEC 30 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000055476**

1. Corporation Name

**BARTH PROPERTIES V, INC.**

Principal Place of Business

Mailing Address

420 NORTH RIVERSIDE DRIVE  
POMPANO BEACH FL 33062

420 NORTH RIVERSIDE DRIVE  
POMPANO BEACH FL 33062



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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0765098

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ ~~Other~~

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
D	BARTH, ANDREW J	420 NORTH RIVERSIDE DRIVE	POMPANO BEACH FL 33062
			600003095466--7 -01/12/00--01012--016 ****758.75 ****758.75

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

CLARK, THOMAS M  
2400 EAST COMMERCIAL BLVD SUITE 820  
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name **ANDREW J BARTH**

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

**1421 SEAGRASS BLVD**

Suite, Apt. #, Etc.

City **FT LAUDERDALE**

State **FL**

Zip Code **33316**

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

**12/24/99**

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 furnished 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

Date

**12/24/99**

Daytime Phone #

**954 785 6251**