

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P.1

APPLICATION  
FOR  
REINSTATEMENT



2000 APR  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV 13 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000095243

1. Corporation Name

BARRETT APARTMENTS CORPORATION

Principal Place of Business

Mailing Address

5554 NW MIAMI CT.  
MIAMI FL 33127

5554 NW MIAMI CT.  
MIAMI FL 33127



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

09/11/00 90003 000 \$550.00

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1050972

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ZOGBY, MICHAEL	5554 NW MIAMI CT.	MIAMI FL 33127
D	PELAEZ, PEDRO	5554 NW MIAMI CT.	MIAMI FL 33127

6000003491586--2  
-12/08/00--01034--022  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

788

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZOGBY, MICHAEL  
5554 NW MIAMI CT.  
MIAMI FL 33127

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11-1-00

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 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

MICHAEL ZOGBY

Date

11-1-00 305-754-9188

Daytime Phone #

**FACSIMILE TRANSMISSION  
INTERNAL REVENUE SERVICE****ATLANTA SERVICE CENTER  
PO BOX 47-421  
TELE-TIN UNIT STOP 751  
DORAVILLE, GA 30362****P.2  
P97-  
95243**DATE 11/1 RECD                      TIME                     NAME                     FAX NUMBER                     Michael Gogby 305-754-7630  
IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR  
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.**TOTAL PAGE: 1****COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION  
NUMBER FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD  
RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER  
IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.****COMPANY NAME:**Barrett Apartments Corporation**EMPLOYER IDENTIFICATION NUMBER (EIN):** 65-1050972**COMPANY NAME:****EMPLOYER IDENTIFICATION NUMBER (EIN):**

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