

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 16 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000051727

1. Corporation Name

BARNES FINANCIAL GROUP INC

1580 SAWGRASS CORPORATE PKWY
"SAME"

2. Principal Office Address

1580 SAWGRASS CORPORATE PK

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

Zip

33323

Country

US

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 06/10/1998

5. FEI Number

65-1120958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-09

7. Name and Address of Current Registered Agent

Name

ENRICO A PINEDA

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

4311 OKEECHOBEE BLVD #32

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33409

000040224220
08/16/04-01079-025 **108.75

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

Enrico A. Pineda
REGISTERED AGENT MUST SIGN

Date 08/01/2004

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
D	APRIL SPENCER	926 MARINA DR	WESTON, FL 33327
P	Billy Carson	926 MARINA DR.	Weston, FL 33327

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:

Billy Carson Billy Carson

08/01/2004

954-868-1648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E08 (01/04)