

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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00-01 UBR
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 16 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058500

1. Corporation Name

TONY BARBER INC.

2. Principal Office Address

3307 S.R. 60 E

Suite, Apt. #, etc.

3. Mailing Office Address

3307 S.R. 60 E.

Suite, Apt. #, etc.

City & State

VALRICO FL.

Zip

33594

Country

U.S.A.

City & State

VALRICO FL.

Zip

33594

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/29/1998

5. FEI Number

59-3526749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TONY T. BARBER

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

416 VAN REED MANOR DR.

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

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

Tony Barber

REGISTERED AGENT MUST SIGN

Date 1-11-2001

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

PSD TONY T. BARBER

416 VAN REED MANOR DR. BRANDON, FL. 33511

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****300.00 ****300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY BARBER

Date

1-11-2001

Daytime Phone #

(813) 643-6846

CR2E081 (9/00)

202

TONY BARBER, INC.
RV LAND OF BRANDON

3307 SR.60 East
VALRICO, FL 33594
Phone (813)643-6846
Fax (813)643-8776

January 11, 2001

DIVISION OF CORPORATIONS
PO Box 6327
TALLAHASSEE, FL 32314

Dear Sirs,

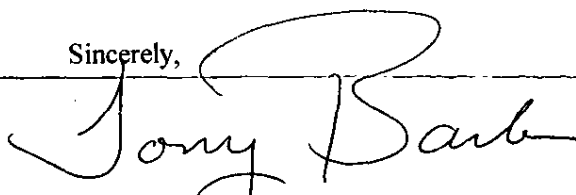
I am writing this letter as an explanation for our failure to file our annual report which has resulted in the dissolution of our Corporation. It appears our forms from your department were sent to the wrong address. They were to be sent to 112-B PAULS DR. BRANDON, FL 33511, however they were sent to 112-B PAVES DR. BRANDON, FL.

After speaking with Stacy at your office she instructed me to write this letter of explanation, complete the form which I have received, and forward payment of \$300.00 to your department to resolve this issue. The \$300 payment will serve as last year and this year payments, each of \$150.00.

Please make note of our new address which is now 3307 SR.60 East VALRICO, FL 33594.

Hopefully this will reinstate our Corporate Status. If any additional information is necessary feel free to contact me @ 813-643-6846.

Sincerely,



Tony Barber
President, Tony Barber, Inc.