

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 17 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000085990

1. Corporation Name
BARNETT & PUGLIANO, INC.

Principal Place of Business
200 SECOND ^{AVE} STREET SOUTH
ST PETERSBURG FL 33701

Mailing Address
200 SECOND ^{AVE} STREET SOUTH
ST PETERSBURG FL 33701



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>200 2nd AVE SOUTH</u> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <u>200 2nd AVE SOUTH</u> Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 10/05/1998
City & State <u>St Petersburg</u>	City & State <u>St Petersburg</u>	5. FEI Number 59-3535103
Zip <u>33701</u>	Country <u>PineHills</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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	PUGLIANO, JOSEPH M	1926 COFFEE POT BLVD NE	ST PETERSBURG FL 33704
D	BARNETT, JOHN B	1926 COFFEE POT BLVD NE	ST PETERSBURG FL 33704

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****150.00 / LS

8. Name and Address of Current Registered Agent PUGLIANO, JOSEPH M 1926 COFFE POT BLVD NE ST PETERSBURG FL 33701	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 X [Signature] REGISTERED AGENT MUST SIGN Date X 10/25/99

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date X 10/25/99 Daytime Phone #

CR2E040 (8/99)

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October 22, 1999

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

To Whom It May Concern:

We are writing in behalf of our clients Barnett & Pugliano, Inc.. They received a letter stating that the corporation was dissolved because of the failure to file the 1999 corporation annual report. To the best of our knowledge they did not receive the corporation annual report. This may be due to two factors. The address when filed by their attorney was incorrect and this is their first year of business. The corrected address for Barnett & Pugliano, Inc. is 200 Second Avenue South, St. Petersburg, FL 33701. We are asking that the penalty be dismissed and accept the regular corporation fee of \$150.00. Your cooperation is much appreciated in this matter. Either Joe Pugliano at (727) 826-6075 or myself at the number below may be contacted regarding this matter.

Sincerely,



Tracee M. Pilch
Associate

Roberts and Associates, P.A.
5118 North 56th Street # 248
Tampa, FL 33610
(813) 622-7882
Fax (813) 620-1040