

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000089157

1. Entity Name
BARREDO EXPORTING, INC.



FILED
09 APR 10 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1842 WATERMERE LN.
WINDERMERE, FL 34786-6121

Mailing Address
1842 WATERMERE LN.
WINDERMERE, FL 34786-6121

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

8339 Via Bella Notte

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062009 REIN-P CR2E098 (1/07)

City & State
Orlando FL

City & State

4. FEI Number
59-3538427

Applied For
Not Applicable

Zip
32836

Country
US

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONNICE, ARNALDO
1842 WATERMERE LN.
WINDERMERE, FL 34786-6121

Name
Carol Bonnice

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

8339 Via Bella Notte

City
Orlando

FL

Zip Code
32836

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BONNICE, ARNALDO
1842 WATERMERE LN.
WINDERMERE, FL 347866121 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Arnaldo Bonnice
8339 Via Bella Notte Orlando FL
32836 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
@S
Carol Bonnice
8339 Via Bellsnotte Orlando FL
32836 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800149436438
04/10/09--01020--006 **308.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/09/09