

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 24 PM 3:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P98000095943

1. Corporation Name

Bar-Mac-Col, Inc.

REINSTATEMENT 99-00

2. Principal Office Address

1512 W. Colonial Dr.

Suite, Apt. #, etc.

Suite #3

City & State

Orlando, Fla.

Zip

32804

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Country

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-01/25/00--01001--003

******935.00 ****900.00**

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/9/98

5. FEI Number

59-3475183

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

Joseph Barnes

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

2241 Lake Vilma Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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

REGISTERED AGENT MUST SIGN

Date

1/14/00

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
Pres.	Joseph Barnes	2241 Lake Vilma Dr.	Orlando Fl. 32835
Vice/Pres.	Garfield Simpson	999 Magnolia St.	Altamonte Springs Fl. 32701
Sec.	Ruth Barnes	2241 Lake Vilma Dr.	Orlando Fl. 32835
Trea.	Dawn Simpson	999 Magnolia St.	Altamonte Springs Fl. 32701

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

Joseph Barnes

Date

1/14/00

(407) 839-1068

Daytime Phone #

S. PAYNE JAN 24 2000

CR2E081 (9/99)