

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 22 PM 3:47

DOCUMENT # P98000102558

1. Corporation Name

BARBARA PAUL CONSTRUCTION, INC.

Principal Place of Business

ROUTE 1, BOX 31A  
LAMONT FL 32336

Mailing Address

ROUTE 1, BOX 31A  
LAMONT FL 32336



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3545478

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	PAUL, BARBARA	ROUTE 1, BOX 31A	LAMONT FL 32336

400003032434--3  
-11/02/99--01070--002  
\*\*\*\*150.00 \*\*\*\*150.00

10/10/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAUL, BARBARA  
ROUTE 1, BOX 31A  
LAMONT FL 32336

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Barbara Paul

REGISTERED AGENT MUST SIGN

Date

10/22/99

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:

Barbara Paul (Barbara Paul)

10/22/99

850-997-8679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

October 18, 1999

To Whom It May Concern;

I am requesting that Barbara Paul Construction, Inc. be reinstated. I never received a notice as to paying an annual fee. I was informed to send in \$150.00 to cover cost. Again I am requesting to be reinstated.

Thank You,

Barbara Paul  
Barbara Paul Construction, Inc.