PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 FEB -6 PM 4:45

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000106905

1. Corporation Name

THE BARBES CORPORATION OF JACKSONVILLE

REINSTATEMENT 01-02

2. Principal Office Address		**3.** Mailing Office Address	
4134 Seabreeze Dr.		4134 Seabreeze Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Jacksonville Beach, FL		Jacksonville Beach, FL	
Zip	Country	Zip	Country
32250	USA	32250	USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/98

5. FEI Number: 59-3554880 ☐ 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: Kathleen Holbrook Cold

Street Address (P.O. Box Number is Not Acceptable): One Independent Drive

Suite, Apt. #, Etc.: Suite 2301

City: Jacksonville | State: FL | Zip Code: 32202

900004912489--5
-02/12/02--01071--015
****900.00 ****900.00

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: Kathleen H Cold — Date: 1/31/02
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
D	A. J. Beson	4134 Seabreeze Drive	Jacksonville Beach, FL 32250
D	Brian Barquilla	4134 Seabreeze Drive	Jacksonville Beach, FL 32250

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: A.J. Beson — A.J. Beson — 1-29-02 — 904 992-9945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB