

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



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

FILED  
02 JUN 26 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000408256

1. Corporation Name

THE BARR TEAM, INC

700006207277--5  
-07/05/02--01004--010  
\*\*\*\*450.00 \*\*\*\*450.00

2. Principal Office Address

26323 WHIRLAWAY TER.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL FL

City & State

Zip

33544

Country

PASCO

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-20-1999

5. FEI Number

59-3549065

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

LARRY A BARR

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

26323 WHIRLAWAY TER.

Suite, Apt. #, Etc.

City

WESLEY CHAPEL FL

State

FL

Zip Code

33544

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

Larry A Barr

Date

4/28/02

REGISTERED AGENT MUST SIGN

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
VP	ANNE MARIE BARR	26323 WHIRLAWAY TER	WESLEY CHAPEL FL 33544
P	LARRY A BARR	26323 WHIRLAWAY TER	WESLEY CHAPEL FL 33544
S	MONIQUE FRISK	6401 ASHVILLE DR.	ZEPHYRHILLS FL 33541
D	LARRY BARR JR.	142 49-15th St.	DADE CITY, 33523
		02 02 UBR	

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:

Larry A Barr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY A BARR

4/20/02

Date

813-310-7623

Daytime Phone #

CR2E081 (9/01)

*Page 2 of 2*

*The Barr Team, Inc.*

26323 Whirlaway Ter  
Wesley Chapel FL 33544  
813-907-7501

June 24, 2002

*To Whom It May Concern:*

*We had an address change a few years ago and we did not receive you yearly notices.*

*This was just recently brought to our attention and we are sending you the back money due and a completed form with the change of address.*

*If you need to reach us we can be reached at the phone number indicated above.*

*Sincerely,*



*Anne Marie Barr, Vice President.*