

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 23 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014603

1. Corporation Name

Barnyard Framing, Inc.

2. Principal Office Address

18021 Hollister Rd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32820

Country

US

3. Mailing Office Address

18021 Hollister Rd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32820

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/99

5. FEI Number

59-3562733

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

Dennis Barnes

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

18021 Hollister Rd.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32820

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

Dennis Lee Barnes Jr

REGISTERED AGENT MUST SIGN

Date 10/21/02

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
Dir	Barnes, Dennis	18021 Hollister Rd	Orlando, FL 32820

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:

Dennis Lee Barnes Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 568-0833

Daytime Phone #

Told to mail check for \$3000
Never Received Pre-printed Annual Report in 2001