

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 23 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014603

1. Corporation Name

BARNYARD FRAMING, INC.

**REINSTATEMENT** 03-09

500027544275  
01/26/04--01011--025 \*\*150.00

2. Principal Office Address

18014 HOLLISTER ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

18014 HOLLISTER ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32820

Country

Zip

32820

Country

4. Date incorporated or Qualified  
To Do Business in Florida

02/12/1999

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

BARNES, DENNIS

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

18014 HOLLISTER ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32820

500027544275  
02/24/04--01051--014 \*\*150.00

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

*Dennis Barnes*  
REGISTERED AGENT MUST SIGN

Date

1-16-04

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,P,S	BARNES, DENNIS	18014 HOLLISTER ROAD	ORLANDO, FLORIDA 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 Barnes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS BARNES

01/16/2004 (407) 568-0833

Date

Daytime Phone #

CR2E081 (10/02)

GURNEY'S ACCOUNTING SERVICE  
1092 LAUREL OAKS COURT  
OVIEDO, FL 32765  
(321) 299-3800

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January 16, 2004

Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

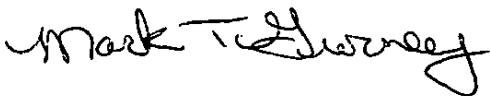
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To whom it may concern:

I spoke with someone in your reinstatement division and was told to send the enclosed application with the dues of \$150.00 for the year 2003. Mr. Barnes never received the pre-printed Business Report for that year probably due to the address change. I was told the late fees would be waived.

Thank you for your help in regards to his reinstatement. I also would like to compliment the professionalism and courtesy of the people in your division. Should you have any questions, I can be reached at the number listed above.

Respectively yours,



Mark T. Gurney A.B.A.

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