

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL  
AND  
FILED

05 MAY 23 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018453

1. Entity Name  
D.C. BARRETT INTERNATIONAL, INC.



Principal Place of Business  
4897 QUIET OAK LN  
ORLANDO, FL 32819

Mailing Address  
P.O. BOX 2102  
ORLANDO, FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05122005

REIN-P

CR2E098 (6/04)

04-05

4. FEI Number  
59-2023550

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBITS & CREDITS GROUP, INC.  
6955 HANGING MOSS RD, SUITE 106  
ORLANDO, FL 32807

Name TERESA Phiel  
Street Address (P.O. Box Number is Not Acceptable)  
6110 Junquist Dr.  
Orlando  
City Orlando FL Zip Code 32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
P BARRETT, SCOTT  
STREET ADDRESS 4897 QUIET OAK LN  
CITY-ST-ZIP ORLANDO, FL 34786

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Delete  
TVP MOSELEY, ELIZABETH  
STREET ADDRESS 4430 PINE BARK AVE  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE NAME ☐ Change ☐ Addition  
100055833061  
06/06/05--01064--010 \*\*308.75  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/05 4078085544

Date

Daytime Phone #