

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028659

1. Corporation Name

BAR-TEK GLOBAL INC.

2. Principal Office Address - No P.O. Box #

5311-W. ECHO PINES CIR

Suite, Apt. #, etc.

3. Mailing Office Address

5311-W. ECHO PINES CIR

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL 34951

Zip

34951

Country

USA

City & State

FORT PIERCE, FL 34951

Zip

34951

Country

USA

500176531195
04/20/10--01016--008 **1650.00

REINSTATEMENT 00-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0906711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVEN BARAN

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

5311-W. ECHO PINES CIR.

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34951

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Steven Baran

Date

4/15/2010

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
<u>Pres.</u>	<u>STEVEN BARAN</u>	<u>5311-W. ECHO PINES CIR.</u>	<u>FORT PIERCE, FL 34951</u>

10. E-mail Address: BARTER @ AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Steven Baran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2010

Date

772-971-1172

Daytime Phone #