

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000080145

Entity Name: BARKER-RAMOS ASSOC., INC.

FILED  
Jan 24, 2005  
Secretary of State

**Current Principal Place of Business:**

2134 GUNPOWDER ST NE  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

2134 GUNPOWDER ST NE  
PALM BAY, FL 32905

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARKER, KAREN  
2134 GUNPOWDER ST NE  
PALM BAY, FL 32905 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: KAREN BARKER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARKER, KAREN  
Address: 2134 GUNPOWDER ST NE  
City-St-Zip: PALM BAY, FL 32905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN BARKER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

01/24/2005

\_\_\_\_\_  
Date