

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 12 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083468

1. Corporation Name

BARAKALA HOLDINGS, INC

2. Principal Office Address

51 GRAYTON OAK AVE.

Suite, Apt. #, etc.

City & State

SANTA ROSA BCH, FL

Zip

32459

Country

USA

3. Mailing Office Address

P.O. Box 4607

Suite, Apt. #, etc.

City & State

SANTA ROSA BCH, FL

Zip

32459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

17 SEPTEMBER 1999

5. FEI Number

59-3603997

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

FLEET, H. BART

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

1201 EGLIN PKWY.

Suite, Apt. #, Etc.

City

SHALIMAR, FL

State

FL

Zip Code

32579

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

[Signature]

Date

11/6/02

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
PSTD	EYER, LINDA P.	SIGRAYTON OAK AVE.	SANTA ROSA BCH, FL 32459
VP	EYER, LEE W.	51 GRAYTON OAK AVE.	SANTA ROSA BCH, FL 32459

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE WESLEY EYER

Date

16 OCT 2002

Daytime Phone #

(850) 331-4208

CR2E081 (9/01)