

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -5 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100008835861
11/06/02--01123--020 **750.00

DOCUMENT # P99000103867

1. Corporation Name

BARBER FAMILY ENTERPRISES, INC.

Principal Place of Business

904 NATURES COVE ROAD
DANIA BEACH FL 33004

Mailing Address

904 NATURES COVE ROAD
DANIA BEACH FL 33004

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6360 MALIBU AVE

Suite, Apt. #, etc.

City & State

MILTON FL

Zip

32583

Country

US

3. New Mailing Office Address, If Applicable

6360 MALIBU AVE

Suite, Apt. #, etc.

City & State

MILTON FL

Zip

32583

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1999

5. FEI Number

65-0966949

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	BARBER, CAROL	904 NATURES COVE RD 6360 MALIBU AVE	DANIA FL 33004 MILTON FL 32583
P	BARBER, WILLIAM	904 NATURES COVE RD 6360 MALIBU AVE	DANIA FL 33004 MILTON FL 32583

8. Name and Address of Current Registered Agent

HILL, MICHAEL W
4000 NORTH FEDERAL HWY, STE 201
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

WILLIAM BARBER

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

6360 MALIBU AVE

Suite, Apt. #, Etc.

City

MILTON

State

FL

Zip Code

32583

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

WILLIAM BARBER
REGISTERED AGENT MUST SIGN

Date

11/4/02

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 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:

WILLIAM BARBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02 850/983-8721

Daytime Phone #