

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 22 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S06730**

1. Corporation Name

BARNETT TOWING

2. Principal Office Address

11541 RED BUD LN

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 709

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

Lee

Zip

34133

Country

Lee

REINSTATEMENT

00-03

4. Date Incorporated or Qualified
To Do Business in Florida

10-12-90

5. FEI Number

650232207

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

RONALD BARNETT SR

200019746802

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

11541 RED BUD LN.

05/22/03--01092--003 **1200.00

Suite, Apt. #, Etc.

City

Bonita Springs, FL

State

FL

Zip Code

34135

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

Ronald Barnett SR

Date **5-21-03**

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
P/S/D	RONALD BARNETT	11541 Red Bud Ln	Bonita Springs, FL 34135
VP/T	DAVID BARNETT	11541 Red Bud Ln	Bonita Springs, FL 34135

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)(f), 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:

Ronald Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-03

Date

239-992-7059

Daytime Phone #

ji sls