

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1997 SEP -4 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S08824

1. Corporation Name

DENN-BARB, INC.

Principal Place of Business

Mailing Address

2802 BEARSS AVENUE
TAMPA FL 33613

2802 BEARSS AVENUE
TAMPA FL 33613

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1990

5. FEI Number

59-3033354

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GAROFALO, DENNIS J., SR.	2502 HIGH OAKS LN	LUTZ FL
STD	GAROFALO, BARBARA J	2502 HILL OAKS LN	LUTZ FL
VP	GAROFALO, DANIEL F	2502 HIGH OAKS LN	LUTZ FL
VP	GANAFALO, DAVID J	2502 HIGH OAKS LANE	LUTZ FL
VP	BULLOCK, TODD RICHARD	2308 149TH AVE E	LUTZ FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

MCKEON, PAUL V
404 SOUTH WESTSHORE
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name Dennis J. Garofalo Sr.
Street Address (P.O. Box Number is Not Acceptable)
2502 High Oaks Lane
Suite, Apt. #, Etc.

City

State

Zip Code

Lutz

FL

33549

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

9/2/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

9/2/97 813/977-1777
Date Daytime Phone

CFR2040 (7/96)