


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V33011**

1. Corporation Name

BARNWELL & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3760 KORI ROAD
JACKSONVILLE FL 32260
US

P.O. BOX 600070
JACKSONVILLE FL 32260
US

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

04/28/1992

5. FEI Number

59-3120330

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	BARNWELL, TIMOTHY S	1442 FRUIT COVE RD	JACKSONVILLE FL 32259
VTD	BARNWELL, THOMAS P III	3174 LARAMIE DRIVE S.E.	VINING GA 30339

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARNWELL, TIMOTHY S
3760 KORI ROAD
JACKSONVILLE FL 32257

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10-19-01**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Timothy S Barnwell

10-19-01

1-904-260-8160

FILED

01 OCT 31 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2001

CR20040 (8/01)