

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

99 DEC 30 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V42683

1. Corporation Name

Barker Optical, Inc.

Principal Place of Business

Mailing Address

1279 N. Kingsway Rd  
Brandon, FL 33510

1279 N. Kingsway Rd  
Brandon, FL 33510

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

6/9/92

5. FEI Number

59-3130839

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, S, T, D	John Barker	2511 Whisper Ln	Valrico, FL 33594
V, D	Ronnie Barker	2511 Whisper Ln	Valrico, FL 33594

600003096966--5  
-01/13/00-00007-021  
\*\*\*1500.00 \*\*\*1500.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

R.H. Meeks  
1304 Kingsway Rd  
Brandon, FL 33510

9. Name and Address of New Registered Agent

Name

John Barker

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

1279 N. Kingsway Rd

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33510

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

*John Barker*  
REGISTERED AGENT MUST SIGN

Date

12-28-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Barker

Date

12-28-99

813-681-709  
Daytime Phone #