


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

01 OCT 25 PM 4: 21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 759466**

1. Corporation Name  
**THE BAREFOOT TRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 6240 A1A SOUTH ST AUGUSTINE FL 32084	Mailing Address BAREFOOT TRACE CONDO 6240 A1A SOUTH ST. AUGUSTINE FL 32084 US
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*JDD*

**REINSTATEMENT**

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 07/30/1981
5. FEI Number 59-2148945
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	ROBERTS, WILLIAM	602 CLEVELAND AVE.	PALATKA FL 32177
D	COOLEY, PETER	4052 RIVERCLIFF CHASE SE	MARIETTA GA 30067
S	SAWYER, SUZANNE	7 HALIDON CT	PALM BEACH GARDENS FL 33418
D	VERBECK, BRENDA	6240 A1A SOUTH, #U-311	ST AUGUSTINE FL 32084
D	FYFFE, HERB	14701 SUNSET LANE	FT. LAUDERDALE FL 33330
D	CONNER, JOE	6816 A AVE	SAINT AUGUSTINE FL 32086

8. Name and Address of Current Registered Agent <b>FARMER, RONALD R CPA</b> 6240 A1A SOUTH ST AUGUSTINE FL 32084	9. Name and Address of New Registered Agent		
	Name <b>KUAWN ALLEN</b>		
	Street Address (P.O. Box Number is Not Acceptable) <b>6240 A1A SOUTH</b>		
	City <b>ST. AUGUSTINE</b>	State <b>FL</b>	Zip Code <b>32086</b>

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: *Kuawn Allen*  
 REGISTERED AGENT MUST SIGN

Date: **10.12.01**

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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 A. Roberts*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10.12.01**  
 Daytime Phone #

CR2E040 (8/01)