

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M08231**

1. Corporation Name

BAREFOOT BEACH, INC.

Mailing Address

Principal Place of Business

~~C/O GIRO, RAFAEL E.~~
~~76180 US HWY 1~~
~~ISLAMORADA FL 33036~~

~~C/O GIRO, RAFAEL E.~~
~~76180 US HWY 1~~
~~ISLAMORADA FL 33036~~

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	PROENZA, JR., NARSOL J.		
D	GIRO, RAFAEL E.	76180 US HWY 1	ISLAMORADA FL 33036
D	PROENZA, JR., NARSOL J.		
D	GIRO, ELIAS J.	76180 US HWY 1	ISLAMORADA FL 33036
	PROENZA, CARMEN		
D	PAUSE, RONALD	76180 US HWY 1	ISLAMORADA FL 33036
	PROENZA, GEORGE L.		

400022701774
09/02/03--01058--016 **2100.00

8. Name and Address of Current Registered Agent

GIRO, RAFAEL E.
76180 OVERSEAS HWY
ISLAMORADA FL 33036

9. Name and Address of New Registered Agent

Name
PROENZA JR., NARSOL J.
Street Address (P.O. Box Number is Not Acceptable)
76180 OVERSEAS HWY.
Suite, Apt. #, Etc.

City
ISLAMORADA

State

FL

Zip Code

33036

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

8-25-03

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

8/28/03 305-664-9860

Date

Daytime Phone #

CR2E040 (6-94)