

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 29 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000 2743

1. Corporation Name

Barefoot Bob's Inc

2. Principal Office Address

1580 E 40TH Terr SW

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34116

Country

Collier

Zip

Country

900031347739

03/29/04--01070--014 **750.00

REINSTATEMENT

03-04

5. FEI Number

72-1546694

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert E. Williams

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

1580 E 40TH Terr SW

Suite, Apt. #, Etc.

City

Naples FL

State
FL

Zip Code

34116

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of

Registered Agent

Robert E. Williams

REGISTERED AGENT MUST SIGN

Date 3/23/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Williams, Robert E.	3240 5TH Ave SW	Naples, FL 34117
VD	Cobb, Terelyn J.	3240 5TH Ave SW	Naples, FL 34117

10. 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:

Robert E. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

Date

Daytime Phone #