


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |   |
|---|---|
| <b>DOCUMENT # P04000138062</b><br>1. Entity Name<br><b>BAREFOOT FLOOR COVERINGS, INC.</b> |  |
|---|---|

FILED

05 DEC 28 PM 2:00

|  |  |
|--|--|
| Principal Place of Business<br><b>1727 SHADOWMOSS CIRCLE<br/>LAKE MARY, FL 32746</b> | Mailing Address<br><b>1727 SHADOWMOSS CIRCLE<br/>LAKE MARY, FL 32746</b> |
|--|--|

SECRET  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| 2. Principal Place of Business<br><i>same as above</i> | 3. Mailing Address<br><i>same as above</i> |
|--|--|



REINSTATEMENT 2005

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>Zip Country | City & State<br>Zip Country |
|-----------------------------|-----------------------------|

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|------------------------------------|-------------------------------|
| 4. FEL Number<br><b>20-1706P23</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>LOPEZ, PAUL<br/>1727 SHADOWMOSS CIRCLE<br/>LAKE MARY, FL 32746</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><i>same</i><br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
|--|--|--|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Paul Lopez* DATE: 12-23-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br><b>LOPEZ, PAUL</b><br><b>1727 SHADOWMOSS CIRCLE</b><br><b>LAKE MARY, FL 32746</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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01/19/06--01011--010 \*\*158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Paul Lopez* DATE: 12-23-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #