

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P09000023388

1. Corporation Name

**BAREFOOT POOLS OF FT. LANDERDALE, INC.**  
**4541 NW 15<sup>TH</sup> AVE.**  
**Fort Lauderdale, FL 33309-3718**

2. Principal Office Address - No P.O. Box #

**4541 NW 15<sup>TH</sup> AVE**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

Zip

**33309**

Country

**BROWARD**

Zip

Country

7. Name and Address of Current Registered Agent

Name

**ROBERT A. STEVENSON**

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

**4541 NW 15<sup>TH</sup> AVE**

Suite, Apt. #, Etc.

City

**Ft. Lauderdale,**

State

**FL**

Zip Code

**33309**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**3-19-12**

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
PTD	ROBERT A. STEVENSON	4541 NW 15 <sup>TH</sup> AVE	FORT LAUDERDALE, FL. 33309

APR 06 2012

T. SCOTT

10. E-mail Address: **BAREFOOTPOOLS@COMCAST.NET**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

12 APR -5 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**3-13-09**

5. FEI Number

**26-4443151**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

600227576986  
04/05/12--01019--005 \*\*1050.00