

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA6000052372

1. Corporation Name BAREFOOT MEDICAL, INC.

Principal Place of Business Mailing Address
2855 Ocean Dr. #D-5 2855 Ocean Dr., #D-5
Vero Beach, FL 32963 Vero Beach, FL 32963

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		4. Date Incorporated or Qualified To Do Business in Florida <u>7/7/95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0609811</u>	
City & State		City & State		Applied For ☐ Not Applicable ☐	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 98-99

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Gary Ball - D	2855 Ocean Dr., #D-5	Vero Beach, FL 32963
Trs			
Sec			

300002807563--5
-03/16/99--01048--002
****900.00 ****900.00

8. Name and Address of Current Registered Agent

George G. Collins, Jr.
756 Beachland Blvd.
Vero Beach, FL 32963

9. Name and Address of New Registered Agent

Name
Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable)
417 E. Virginia Street
Suite, Apt. #, Etc.
Suite 1
City
Tallahassee

State FL Zip Code 32301

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 Chris S. [Signature]
REGISTERED AGENT MUST SIGN

Date 3/12/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary Ball, President

3/11/99 (561) 234-9040

Date Daytime Phone