

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -9 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052372

1. Corporation Name BAREFOOT MEDICAL, INC.

2. Principal Office Address

2001 9th Avenue

Suite, Apt. #, etc.

Suite 312

City & State

Vero Beach, FL

Zip

32960

Country

Indian River

3. Mailing Office Address

2001 9th Avenue

Suite, Apt. #, etc.

Suite 312

City & State

Vero Beach, FL

Zip

32960

Country

Indian River

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/7/95

5. FEI Number

65-0609811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY BALL

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

2001 9th Avenue

Suite, Apt. #, Etc.

Suite 312

City

Vero Beach

State

FL

Zip Code

32960

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

GARY BALL

REGISTERED AGENT MUST SIGN

Date

02/07/01

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
O/D	GARY BALL	2001 9th Avenue, Suite 312	Vero Beach, FL 32960

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY BALL

Date

02/07/01

(561) 770-2255

Daytime Phone #

CR2E081 (9/00)