


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                     |   |  |
|-------------------------------------|---|--|
| APPLICATION<br>FOR<br>REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE  |
|                                     |   | Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |

DOCUMENT # P96000015428

1. Corporation Name

BAREFOOT TRACE RENTALS, INC.

Principal Place of Business

6240 A1A SOUTH  
ST AUGUSTINE FL 32084

Mailing Address

6240 A1A SOUTH  
ST AUGUSTINE FL 32084

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/1996

5. FEI Number

59-3371140

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City & State & Zip<br>4  |
|---------------|---|--|--------------------------|
| D             | VERBECK, XAVIER                           | 6240 A1A S 311   | ST AUGUSTINE FL 32084    |
| P             | ROBERTS, WILLIAM                          | 602 CLEVELAND AVE.                                     | PALATKA FL 32177         |
| D             | COOLEY, PETER                             | 4052 RIVERCLIFF CHASE SE                               | MARIETTA GA 30067        |
| D             | FARMER, RONALD R                          | 211 ARGONAUT RD  | SAINT AUGUSTINE FL 32086 |
|               |   |  |                          |
|               |   |  |                          |

8. Name and Address of Current Registered Agent

GEIGER, JOHN R  
4475 US 1 SOUTH  
406  
ST AUGUSTINE FL 32086

9. Name and Address of New Registered Agent

Name LUANN ALLEN  
Street Address (P.O. Box Number is Not Acceptable)  
209 ANASTASIA BLVD.  
Suite, Apt. #, Etc.  
City ST. AUGUSTINE State FL Zip Code 32080

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.

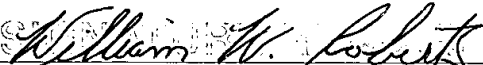
Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/15/01

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., 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

WILLIAM W. ROBERTS 11-16-01 904

Date

Daytime Phone 471-9212

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 19 AM 10:01



REINSTATEMENT 01

500004706055-8

12/05/01-01055-001

\*\*\*750.00 City/State/Zip\*\*\* 750.00

CR2040 (8/01)