

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Katharine Harrington  
Secretary of State  
DIVISION OF CORPORATIONS

**20004BR**

FILED

00 OCT 16 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000103540**

1. Corporation Name

**ET ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1888 FINN HILL DRIVE  
BOYNTON BEACH, FL 33426

1888 FINN HILL DRIVE  
BOYNTON BEACH, FL 33426

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/23/1999

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HELLEMS, TARA C	1888 FINN HILL DRIVE	BOYNTON BEACH FL 33426
D	HELLEMS, ERIC J	1888 FINN HILL DRIVE	BOYNTON BEACH FL 33426

200003441572--7  
-10/27/00-01012-010  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLICKMAN, GARRY M  
1601 FORUM PLACE,  
STE. 1101  
WEST PALM BEACH FL 33401

Name

**SP**

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Tara C Helms*

REGISTERED AGENT MUST SIGN

Date

10/13/00

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:

*Tara C Helms*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-642-7946

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**BAREFOOT POOLS, INC.**

**S W I M M I N G**



**POOL OUTLET**

October 13, 2000

ET Enterprises, Inc.  
1888 Finn Hill Drive  
Boynton Beach, FL 33426  
Division of Corporations

Annual Report/ Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Document # P99000103540

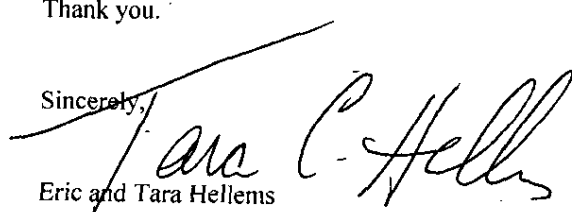
To Whom It May Concern:

Please find enclosed our check for One Hundred and Fifty Dollars. As per a conversation with your office, I was notified that the original check our Company sent out dated April 13, 2000; was not received by your office. There is no explanation of what happened to this check. Upon research by our office, this check has not cleared in our bank account. Our other two corporations, Swimming Pool Outlet and Barefoot Pools, Inc. were sent and mailed on the same day, they apparently reached your office and the one for ET Enterprise did not.

Please accept this check and reinstate our corporation to meet all requirements of the State.

Thank you.

Sincerely,

  
Eric and Tara Helms