

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000089212**

1. Corporation Name

AQUA KING POOL SERVICE, INC.

Principal Place of Business

Mailing Address

**3909 NORTH A STREET
TAMPA FL 33609**

**3909 NORTH A STREET
TAMPA FL 33609**

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

08/15/2002

5. FEI Number

13-4215197

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	COLLINS, CHRISTIN	3909 NORTH A STREET	TAMPA FL 33609

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**COLLINS, CHRISTIN
3909 NORTH A STREET
TAMPA FL 33609**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

FILED

03 OCT 28 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03



700024196727
10/28/03--01018--021 **150.00

CR2E040 (7/03)

Aqua King Pool Service, Inc.
3909 North A Street
Tampa, Fl 33609

October 20, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314-6327

RE: Document # P02000089212

Dear Sir/Madam:

Pursuant to our telephone conversation enclosed find the Uniform Business Report for the above mentioned. Since I never received a report until the one I am submitting I am enclosing the original payment of \$150.00.

If I may be of further assistance, please notify me.

Sincerely,

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Christin Collins
President