

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 15 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000102168**

1. Corporation Name

2 KOOL POOLS, INC.

Principal Place of Business

Mailing Address

**3230 S.W. 136TH WAY
DAVIE FL 33330-4655**

**3230 S.W. 136TH WAY
DAVIE FL 33330-4655**



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

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2002

5. FEI Number

01-0751461

☒

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
D	RITTER, ELIZABETH	3230 S.W. 136TH WAY	DAVIE FL 33330

900023805349
10/15/03--01022--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**RITTER, ELIZABETH
3230 S.W. 136TH WAY
DAVIE FL 33330-4655**

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

E. Ritter
REGISTERED AGENT MUST SIGN

Date

10/9/03

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

E. Ritter

Date

Daytime Phone #

10/9/03 954-476-7177

CR2E040 (7/03)

2 Kool Pools, Inc.

To: Reinstatement Division
From: Elizabeth Ritter
CC: Glenda Hood
Date: 10/10/2003
Re: Reinstatement of Corporation

This letter is to inform you that I did not receive the Uniform Business Report. I would like to file this form and keep my corporation active. I tried to do this on line when I received the notice on 10/8/03, but I am not active so I could not file. I am attaching a check for \$150.00 for reinstatement.

Please mail this report or activate my on line status so I can complete whatever is necessary to keep my company active.

Sincerely,



Liz Ritter

954-476-7177