

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 20 PM 3:29

DOCUMENT # **P99000051381**

1. Corporation Name

POOL CONNECTORS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

548 E. OSCEOLA RD.
 GENEVA FL 32732

548 E. OSCEOLA RD.
 GENEVA FL 32732



REINSTATEMENT 01

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

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3581395

Applied For

Not Applicable

City & State

City & State

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
PD	LIGHTNER, PATRICIA C	548 E. OSCEOLA RD.	GENEVA FL 32732
VD	LIGHTNER, JEREMY	548 E. OSCEOLA RD.	GENEVA FL 32732

200004745182--6
 -12/31/01--01071--001
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIGHTNER, CAROL
 548 E. OSCEOLA RD.
 GENEVA FL 32732

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.

Signature of Registered Agent P. Carol Lightner
 REGISTERED AGENT MUST SIGN

Date 11-7-01

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: P. Carol Lightner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-01 407-344-1218
 Date Daytime Phone #

CR2E040 (8/01)