

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV 14 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000089212

1. Corporation Name

AQUA KING POOL SERVICE, INC.

W05-47686

2. Principal Office Address

3909 North A Street

Suite, Apt. #, etc.

City & State

Tampa, FL 33609

Zip

Country

USA

3. Mailing Office Address

3909 North A Street

Suite, Apt. #, etc.

City & State

Tampa, FL 33609

Zip

Country

USA

200060627882
10/14/05--01056--007 **300.00

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

8-15-2002

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. Name and Address of Current Registered Agent

Name

Christin Collins

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

3909 North A Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 10/11/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Collins, Christin	3909 North A Street	Tampa, FL 33609

RECEIVED NOV 14 2005

10. 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:

CHRISTIN COLLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/05 813/8712507

Daytime Phone #

2/2

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

November 2, 2005

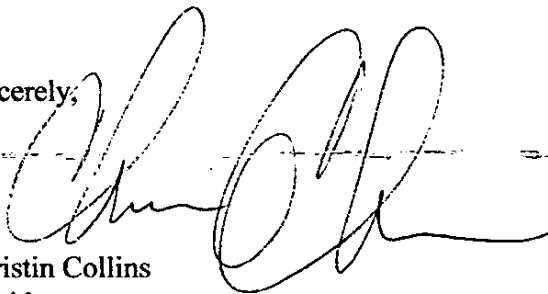
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Document #P02000089212

Attention Sean Toner::

Pursuant to our telephone conversation enclosed find the Corporate Reinstatement for the above mentioned. Although we never received the annual reinstatement forms, I am aware that you have collected the payment in full of \$300.00 which was verbally agreed upon in our conversation to be reinstated and that the other charges will be abated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christin Collins', written over a horizontal dashed line.

Christin Collins
President