

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

(1)

97 NOV -5 AM 10:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **438401**

1. Corporation Name
GRECIAN POOL SERVICE, INC.

Principal Place of Business Mailing Address
~~1617 DUNDEE ROAD WINTER HAVEN FL 33880~~
3125 TIGER CREEK FOREST LK. WALES, FL, 33853 ← SAME
 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	
Suite, Apt. #, etc.		3125 Tiger Creek Forest		10/18/1973	
City & State		LK. WALES, FL.		5. FEI Number	
Zip		33853		59-1492800	
Country		Polk		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WELLER, FRANKLIN	3125 TIGER CREEK FOREST	LAKEWALES FL
			400002343514-8 -11/10/97--01166--009 ****165.00 ****165.00
			6 11-7-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WELLER, FRANKLIN 3125 TIGER CREEK FOREST LAKE WALES FL 33853		MAILING	
		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: *Franklin O. Weller* Date: **10/31/97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Franklin O. Weller* 1-941-10/31/97-696-4441
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE040 (8/97)

October 28, 1997

GRECIAN POOL SERVICE, INC.
3125 Tiger Creek Froest
Lakes Wales, FL 33853

(2)

DIVISION OF CORPORATIONS
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom it may concern,

I am writing this letter, and have enclosed payment, in order to reinstate my corporation (Grecian Pool Service, Inc.) per your instructions.

Thank you for your help and understanding in this awkward situation. As I explained to a member of your staff, Grecian Pool Service, Inc. has been in business for twenty-five years, and would not have purposely neglected to file our annual Corporation fee.

Per my conversation with one of your very courteous, and professional staff I feel the error was due to the change of my corporate address. Could you please make note of the address above and send all further correspondence to that address.

Again thank you for your help and prompt attention to this matter.

Sincerely,

Franklin Weller
President
file copy