

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 500287

1. Corporation Name

REGAL-WAY POOL SERVICE, INC.

Principal Place of Business

12075 N.W. 40TH STREET
CORAL SPRINGS FL 33065

Mailing Address

12075 N.W. 40TH STREET
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1976

5. FEI Number

59-2522398

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	STUHL, NORMAN W.	3871 N.W. 104TH AVE.	CORAL SPRINGS FL
V	STUHL, SCOTT	3871 NW 104TH AVENUE	CORAL SPRINGS FL
ST	STUHL, ROBIN L.	3544 NW 114TH TERRACE	CORAL SPRINGS FL

900002385419-4
-12/30/97-01030-003
****585.00 ****585.00

900002385419-4
-12/30/97-01030-004
****165.00 ****165.00

8. Name and Address of Current Registered Agent

STUHL, NORMAN W.
3871 N.W. 104TH AVE.
CORAL SPRINGS FL 33065

9. Name and Address of Current Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

11/28/97

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin L Stuhl

Date

Daytime Phone #

11/28/97 (954) 755-0777

FILED

97 DEC 29 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT