

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 JAN 10 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 613890

1. Corporation Name

FRANK'S QUALITY POOLS, INC.

Principal Place of Business

360 TAMiami TRAIL
PORT CHARLOTTE FL 33954
US

Mailing Address

360 TAMiami TRAIL
PORT CHARLOTTE FL 33954
US

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

03/22/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1911369

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	JOZWIAK, ARTHUR D.	360 TAMiami TRAIL	PORT CHARLOTTE FL
VP	JOZWIAK, BARBARA A.	360 TAMiami TRAIL	PORT CHARLOTTE FL
ST	JOZWIAK, BARBARA A.	360 TAMiami TRIL	PORT CHARLOTTE FL
VP	DANETTE, ROE	360 TAMiami TRAIL	PORT CHARLOTTE FL
			600003096706-5 -01/12/00-01095-009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

JOZWIAK, ARTHUR D.
360 TAMiami TRAIL
PORT CHARLOTTE FL 33954

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

600003096706-5

-01/12/00-01095-009

****758.75 State ****758.75

FL

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

ARTHUR D. JOZWIAK
REGISTERED AGENT MUST SIGN

Date

1-5-00

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:

ARTHUR D. JOZWIAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-22-99 (94) 629-1231