

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 10 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 613890

1. Corporation Name

FRANKS QUALITY POOLS, INC

2. Principal Office Address

1282 MARKET CIRCLE UNIT 2

Suite, Apt. #, etc.

UNIT 2

City & State

PORT CHARLOTTE FL

Zip

33953

Country

U.S.A.

3. Mailing Office Address

1282 MARKET CIRCLE

Suite, Apt. #, etc.

UNIT 2.

City & State

PORT CHARLOTTE FL

Zip

33953

Country

USA

REINSTATEMENT

01-05

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 22, 1979

5. FEI Number

59-1911369

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

ARTHUR D. JOZWIAK

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

3098 MAUCK TERR

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33981

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

Arthur D. Jozwiak

REGISTERED AGENT MUST SIGN

Date

3/7/05

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
V. Pres	BARBARA JOZWIAK	3098 MAUCK TERR	PORT CHARLOTTE, FL 33981
P S	ARTHUR D. JOZWIAK	3098 MAUCK TERR	PORT CHARLOTTE, FL 33981

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:

Arthur D. Jozwiak

ARTHUR D. JOZWIAK

3/7/05

Date

941-629-1234

Daytime Phone #

CR2E001 (01/05)