

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

pg 2

FILED

97 AUG 11 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 696754

1. Corporation Name

SUPREME POOL SUPPLY, INC.

Principal Place of Business

Mailing Address

~~5831 MEMORIAL HWY~~
~~TAMPA, FL 33611~~

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

2. New Principal Office Address, If Applicable

3919 E. EDEN ROL CIRCLE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/81

5. FEI Number

59-211406

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Henry Caballero	3919 E. EDEN ROL CIRCLE	TAMPA, FL 33634

500002268655--9
-08/15/97--01089--002
****165.00 ****165.00

8. Name and Address of Current Registered Agent

HENRY CABALLERO
3919 E. EDEN ROL CIRCLE
TAMPA, FL 33614

9. Name and Address of New 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. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY CABALLERO

8-8-97
Date

813/886-0717
Daytime Phone #

CRE040 (12/95)

Hanna,
Lemar & co., chartered
Certified Public Accountants

PJ.2 Member
AICPA
FICPA

August 8, 1997

Secretary of State
P. O. Box 6327
Tallahassee. FL 32314

Re: Supreme Pool Supply, Inc.
Annual Report
Year: 1997

The Annual Report was sent to the taxpayer. However, the premises were leased and the tenant never forwarded the documents to the taxpayer. The taxpayer had been at that location for 20 years.

The taxpayer would appreciate your waiving the penalty as there is only the Corporation's president and his wife with the business. The bookkeeper and other employees now work for other enterprises. A check for \$165 is enclosed with the annual report.

Sincerely,

Edward M. Hanna
Edward M. Hanna, C.P.A.