

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JUN 20 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F75024

1. Corporation Name

Olympic Pools of Stuart Corporation

2. Principal Office Address

3331-B S.W. 42 Avenue

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip 34990

Country USA

3. Mailing Office Address

3331-B S.W. 42 Avenue

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip 34990

Country USA

REINSTATEMENT

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/27/1982

5. FEI Number

59-2176840

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

Kim Smith

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

6358 S.W. Travers Street

Suite, Apt. #, Etc.

City

Palm City,

State

FL

Zip Code

34990

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

Kim Smith

Date June 16, 2005

REGISTERED AGENT MUST SIGN

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
PRES.	Kim Smith	6358 S.W. Travers Street	Palm City, FL 34990

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

Kim Smith

June 16, 2005

772-286-6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/21/05