

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2005 OCT 31 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800061071998
11/01/05--01047--005 **750.00

REINSTATEMENT 01-05
CR2E081 (8/05)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97335

WDS-46364

1. Corporation Name

NATIONAL POOL COMPANY, INCORPORATED

2. Principal Office Address

639 N GRANDVIEW AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAYTONA BEACH

City & State

Zip
32118

Country
VOLUSIA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1975

5. FEI Number

59-1643484

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

DOUGLAS WIGLEY

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

35 FORREST VIEW

Suite, Apt. #, Etc.

City

ORMOND BEACH

State
FL

Zip Code
32174

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

Douglas Wigley
REGISTERED AGENT MUST SIGN

Date

9-26-05

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
PRES	DOUGLAS WIGLEY	35 FORREST VIEW	ORMOND BEACH FL

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:

Douglas K. Wigley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/05

Daytime Phone #

386-257-1646

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