

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

~~CORPORATION~~
~~REINSTATEMENT~~

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

84-01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 16 PM 4:00

DOCUMENT # G12512

1. Corporation Name

Atlantic Pool & Spa Supplies, Inc.

2. Principal Office Address

403 S 3rd Street

3. Mailing Office Address

P O Box 3727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana

City & State

Lantana

Zip

33462

Country

USA

Zip

33465

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/1982

5. FEI Number

59-2235971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

84-01

7. Name and Address of Current Registered Agent

Name

Oliver W. Davidson

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

10205 Seagrape Way

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

400004711444-8
-12/06/01--01034-027
***1857.50 ***1857.50

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

O.W. Davidson

Date 11/08/01

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 D	Oliver W. Davidson	10205 Seagrape Way	Palm Bch Grdns, FL 33418
V.P. D	Nancy S. Davidson	10205 Seagrape Way	Palm Bch Grdns, FL 33418

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:

O.W. Davidson

O. W. Davidson

11/08/01

561-582-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E01 (9/00)