

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J06240

1. Corporation Name

QUALITY CRAFTED POOLS & SPAS, INC.

Principal Place of Business

Mailing Address

2240 BRUNER LANE
FORT MYERS FL 33912
US

2108 EVEREST PKWY
CAPE CORAL FL 33904
US

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

2. New Principal Office Address, If Applicable
17891 Durrance Rd

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Ft. MYERS FL

City & State

Zip Country

33912

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1986

5. FEI Number

59-2654288

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROSE, WILLIAM O.	2108 EVEREST PARKWAY 17891 DURRANCE RD	CAPE CORAL FL 33904 N. Ft. MYERS FL 33912

8. Name and Address of Current Registered Agent

ROSE, WILLIAM O.
2108 EVEREST PARKWAY
CAPE CORAL FL 33904

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. or 617.0505, F.S.

Signature of
Registered Agent

William O. Rose
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/03

11. 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:

William O. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

Daytime Phone #

CR2E040 (7/03)

Quality Crafted Pools & Spas, Inc

PHONE #239-543-7800 Fax # 239-543-2148

DEAR Ms. Glenda E. Hood

I am writing in regard to the reinstatement notice for our company. We did not receive a letter to reinstate back in May of 2003. So we feel that the \$ 150.00 dollars we sent would cover the cost of reinstatement. I had sent you a letter regarding that, but it got lost. As per our phone conversation, you said you never received the letter the first time, so I am resending it. So please allow us to be reinstated without further charges. We will greatly appreciate your speedy attention to this matter.

Sincerely

Mr. William Rose, President, Owner

Quality Crafted Pools

P.S. Please call if you have any questions.

Mr. William Rose