

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine B. Harrell
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -4 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K37815

1. Corporation Name

THE POOL BUILDERS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

% JOHN T. MIXON
308 MANDRAKE ST.
ORLANDO FL 32811

% JOHN T. MIXON
308 MANDRAKE ST.
ORLANDO FL 32811



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

12435 Friendship Rd
Suite, Apt. #, etc.

12435 Friendship Rd
Suite, Apt. #, etc.

City & State

City & State

Clermont FL
Zip 34711 Country Lake

Clermont FL
Zip 34711 Country Lake

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1988

5. FEI Number

58-1916832

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	MIXON, JOHN	12435 FRIENDSHIP RD	CLERMONT FL 34711
			600003045456--9 -11/16/99--01050--013 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIXON, JOHN T.
308 MANDRAKE ST.
ORLANDO FL 32811

Name

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

12435 Friendship Rd
Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

John Mixon

REGISTERED AGENT MUST SIGN

Date

11-1-99

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:

John Mixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-99 (407)466-3402

Daytime Phone #

2

THE POOL BUILDERS OF CENTRAL FL INC

John Mixon
President
12435 Friendship Road
Clermont, FL 34711

Telephone (407) 654-8174
Fax (407) 654-8175

November 1, 1999

Reinstatement Section
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Enclosed you will find the application for reinstatement for my corporation. When I filled last year I notified your office of the change of address of the corporation. I did not receive the application to pay the Secretary of State the annual fees due. I just received this notice of administrative dissolution or revocation in the mail. I had no idea the fees were not paid.

I ask that you waive the reinstatement fee. I have enclosed the Annual Report Fee, and the Corporate Supplemental Fee.

Thank you for your consideration in this matter.

Sincerely



John Mixon