

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # K39738

1. Corporation Name

AQUA-CLEAR CHEMICAL COMPANY, INC.

Principal Place of Business

4809 N RENELLIE DR
TAMPA FL 33614-6415
US

Mailing Address

4809 N RENELLIE DR
TAMPA FL 33614-6415
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/19/1988

5. FEI Number

59-2918727

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
DP	HORTON, DENNIS	16128 ARMISTEAD LANE	ODESSA FL
VP	ROBINSON, GREG L	8012 N MEADOWVIEW CIR	TAMPA FL 33625
ST	ROBINSON, ELIZABETH P	8012 N MEADOWVIEW CIR	TAMPA FL 33625

8. Name and Address of Current Registered Agent

HORTON, DENNIS
4809 N RENELLIE DR
TAMPA FL 33614-3415

9. Name and Address of New Registered Agent

Name
GREG L. ROBINSON
Street Address (P.O. Box Number is Not Acceptable)
23311 DOVER DR
Suite, Apt. #, Etc.

City
LAND O' LAKES

State
FL

Zip Code
34639

10. I, being appointed as registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/14/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG L. ROBINSON

10/14/99

Date

Daytime Phone #

813-878-0190