

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 11 PM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 163523

1. Corporation Name

Hammerhead Pools, INC

2. Principal Office Address

611 89th St NW

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip

34209

Country

USA

3. Mailing Office Address

611 89th St NW

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip

34209

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/31/89

5. FEI Number

165-0094769

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

Mark Rudek

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

611 89th St NW

Suite, Apt. # Etc.

City

Bradenton

State

FL

Zip Code

34209

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

X Mark Rudek

Date

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	Mark Rudek	611 89th St NW	Bradenton FL 34209

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:

X Mark Rudek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-720-3471

Daytime Phone #

CR2E081 (10/02)

June 28, 2003

From: Mark Rudek  
611 89<sup>th</sup> Street NW  
Bradenton, FL 34209  
941-720-3471

To: Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Please accept my payment for corporate reinstatement. I sincerely apologize for my lapse in payment. I never received payment due notification. I only found out by trying to change my business name on my license certificate.

As per our phone conversation, please accept my remittance of \$300.00 with my sincerest apologies. It will not happen again.

Regards,

A handwritten signature in cursive script, appearing to read "Mark Rudek".

Mark Rudek