

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

2003-2001
CORPORATION
REINSTATEMENT
UBR

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 20 AM 11:23

DOCUMENT # L34726

1. Corporation Name
Poolside Chemical Inc.
W01-25004

2000-0
UBR

300004752503--2
-01/07/02--01011--011
****300.00 ****300.00

2. Principal Office Address 5008 North Grady Ave Suite, Apt. #, etc.		3. Mailing Office Address 5008 North Grady Ave Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33614	Country Hills	Zip 33614	Country Hills

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2172993

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

Applied For ☒
Not Applicable

7. Name and Address of Current Registered Agent

Name
Eric Garbo

Street Address (P.O. Box Number is Not Acceptable)
5008 North Grady Ave

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33614

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
Eric Garbo

Date
9-5-01

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
President	Eric Garbo	5008 N. Grady Ave	Tampa FL 33614

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
Eric Garbo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
12/13/01

Daytime Phone #
8138728841