

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 13 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L40970

1. Corporation Name

R & K CUSTOM POOLS, INC.

Principal Place of Business

Mailing Address

4300 56TH AVE N 7
ST. PETERSBURG FL 33708
US

1300 35TH AVE N
ST. PETERSBURG FL 33703
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
ST. Pete. FL

City & State
ST. Pete FL

Zip Country
33709 USA

Zip Country
33709 USA

REINSTATEMENT 9899

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1990

5. FEI Number

59-2981716

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	BERGHOEFER, RUSSELL	8521 78TH AVE, N 7800 B 46th AVE N	SEMINOLE-FL ST. Pete. FL 33709
VST	BERGHOEFER, RUSSELL	8521 78TH AVE, N 7800 B 46th AVE N	SEMINOLE-FL ST. Pete. FL 33709

800002988208--3
-09/15/99-01089-008
***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERGHOEFER, RUSSELL
48521 78TH AVE, N
SEMINOLE FL 34747

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

ST. Pete

FL

33709

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

REQUIRED

Date

7-16-99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-99 727-547-6731

KE

CP22040 (9/99)