

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L81422

1. Corporation Name

ZODIAC POOL CARE, INC.

Principal Place of Business

3240 N.W. 53RD ST
FT LAUDERDALE FL 33309

Mailing Address

3240 N.W. 53RD ST
FT LAUDERDALE FL 33309

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

2. New Principal Office Address, If Applicable

2028 NW 25 Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2028 NW 25 Ave
Suite, Apt. #, etc.

City & State

Pompano Bch FL

Zip 33064 Country

City & State

Pompano Bch, FL

Zip 33064 Country

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1990

5. FEI Number

65-0207520

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TS	SEIDMAN, DALE	17637 SW 11TH ST	PEMBROKE PINES FL 33029
PD	LACEY, JACK Karen Margaret Thielcher	7085 HIGHLANDS CIRCLE 2503 SE 14 ST	MARGATE FL 33063 Pompano Bch. 33062
CD	DAILANCE, JEAN MARC	48 BOULEVARD GOLLIEN/ISSY LES M	CEDEX FRANCE 92137

4000008970054
11/13/02--01055--020 **750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN
Assistant Vice President
Date 11/27/2002

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11/7/02
Daytime Phone # 954-935-8255

CR2E040 (8/02)