

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVAL
AND
FILED

03 APR 22 AM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L84497**

1. Corporation Name

FIVE STARS POOL & SPA INC.

Principal Place of Business

998 FLAMINGO AVE.
SEBASTIAN FL 32958
US

Mailing Address

998 FLAMINGO AVE
SEBASTIAN FL 32958
US

SR

REINSTATEMENT 02-03

300016682163
04/22/03--01072--035 **900.00

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

2. New Principal Office Address, If Applicable

741 Sebastian Blvd.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

741 Sebastian Blvd.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1990

5. FEI Number

65-0228138

Applied For

Not Applicable

City & State

Sebastian, FL
Zip **32958** Country **US**

City & State

Sebastian, FL
Zip **32958** Country **US**

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
D	JACKSON, LINDA	998 FLAMINGO AVE.	SEBASTIAN FL
D	DORAN, TODD	998 FLAMINGO AVE.	SEBASTIAN FL

8. Name and Address of Current Registered Agent

JACKSON, LINDA
998 FLAMINGO AVENUE
SEBASTIAN FL 32958

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

Linda Jackson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

4/17/03

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:

Todd Doran
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/03

Daytime Phone #

CR2EQ40 (8/02)