

APPLICATION
FOR
REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 30 PM 2: 26

until
10/30

DOCUMENT # M00680

1. Corporation Name

A.C. POOLS CONTRACTING CORPORATION

Principal Place of Business
8035 S.W. 21ST TERRACE
MIAMI FL 33165

Mailing Address
8035 S.W. 21ST TERRACE
MIAMI FL 33165

**REINSTATEMENT** 92

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

4. Date Incorporated or Qualified To Do Business in Florida

05/15/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2408554

Applied For

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT	CASTELLANOS, ALEJANDRO	9035 SW 21 TERR	MIAMI FL
VS	CASTELLANOS, MARCIA	9035 SW 21 TERR	MIAMI FL
			000002341750--4 -11/07/97--01086--001 ****750.00 ****750.00

B. Name and Address of Current Registered Agent

CASTELLANOS, ALEJANDRO
9035 S.W. 21ST TERRACE
MIAMI FL 33165

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/2/9

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/97 305/221-5251