

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M35979

1. Corporation Name

THE GREAT ESCAPE POOLS & SPAS, INC.

Principal Place of Business

c/o Mendoza and Callas  
251 Royal Palm Way, Ste 602  
P. O. Box 2715  
Palm Beach, FL 33480

Mailing Address

c/o Mendoza and Callas  
251 Royal Palm Way, Ste 602  
P. O. Box 2715  
Palm Beach, FL 33480

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

07/30/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-271229

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PD            | ATKINSON, JAMES J.                        | 2104 Lake Bass Circle  | LAKE WORTH, FL 33461    |
| VP/T/<br>S/D  | ATKINSON, CYNTHIA A.                      | 2104 Lake Bass Circle  | LAKE WORTH, FL 33461    |
|               |   |  |                         |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LS

Mendoza, Callas and Schilling  
251 Royal Palm Way  
Palm Beach, FL 33480

Name

Franklin G. Callas

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

c/o Mendoza and Callas

Suite, Apt. #, Etc.

251 Royal Palm Way, Suite 602

City

Palm Beach

State

FL

Zip Code

33480

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

*Franklin G. Callas*  
Franklin G. Callas

Date

January 19, 2000

11. This corporation owes 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:

*Cynthia A. Atkinson*  
CYNTHIA A. ATKINSON, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CYNTHIA A. ATKINSON, Vice President

1/07/2000  
Date

(561) 586-0155  
Daytime Phone #

FILED

00 JAN 12 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-2000

CR2E081(11/2/98)