

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR 11 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M90281

1. Corporation Name

LEISURETIME PATIO & POOL SUPPLIES, INC.

Principal Place of Business

% STEPHEN J. KISH
1565 FAYETTEVILLE DR.
SPRING HILL FL 34609

Mailing Address

% STEPHEN J. KISH
1565 FAYETTEVILLE DR.
SPRING HILL FL 34609



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

2. New Principal Office Address, If Applicable

8408 FOXFIRE RD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO BOX 15567
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1988

5. FEI Number

59-2703347

Applied For

Not Applicable

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

Zip

34603

Country

HERNANDO

Zip

34604

Country

HERNANDO

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
PTD	KISH, STEPHEN J.	1565 FAYETTEVILLE DR.	SPRING HILL FL 34609
VSD	KISH, MAUREEN A.	1565 FAYETTEVILLE DR.	SPRING HILL FL 34609

500015748265
04/11/03--01031--001 **300.00

8. Name and Address of Current Registered Agent

KISH, STEPHEN J.
1565 FAYETTEVILLE DR.
SPRING HILL FL 34609

9. Name and Address of New Registered Agent

Name

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

8408 FOXFIRE RD
Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34613

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

Step J Kish
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 4-9-03

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:

Maureen A Kish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAUREEN A KISH VP

4-9-03

Date

352-799-9900

Daytime Phone #

CR2E040 (8/02)

**LEISURETIME PATIO &
POOL SUPPLIES, INC.**

C/O STEPHEN J. KISH
8408 FOXFIRE RD
BROOKSVILLE, FL 34613

MAILING ADDRESS: P.O. BOX 15567
BROOKSVILLE, FL 34604

April 9, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: M90281

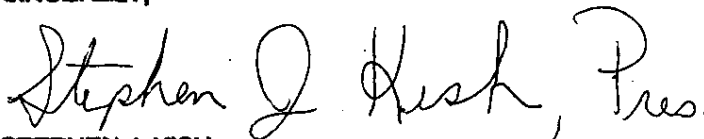
TO WHOM IT MAY CONCERN:

THIS LETTER IS IN REFERENCE TO THE ABOVE CORPORATION. I MOVED LAST YEAR AND ALL OF MY MAIL WAS NOT FORWARDED AS REQUESTED. THE CHANGE OF ADDRESS CARD SENT TO YOU AT THE ABOVE ADDRESS WAS OBVIOUSLY NOT RECEIVED OR WAS NOT PUT INTO YOUR SYSTEM.

AT THIS TIME, I AM ENCLOSING A CHECK FOR \$300.00 ALONG WITH THE REINSTATEMENT FORM AS ADVISED BY YOUR OFFICE. PLEASE CORRECT YOUR RECORDS WITH THE CHANGES NOTED SO I MAY RECEIVE FUTURE MAILINGS IN A TIMELY MANNER.

IF YOU HAVE ANY QUESTIONS, MY DAYTIME PHONE NUMBER IS 352-799-9900.

SINCERELY,

A handwritten signature in cursive script that reads "Stephen J. Kish, Pres.".

STEPHEN J. KISH
PRESIDENT