

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000021169

1. Corporation Name

ASCOT POOLS INC.

Principal Place of Business

4620 LIME STREET
COCOA FL 32926

Mailing Address

4620 LIME STREET
COCOA FL 32926

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2000

5. FEI Number

65-0986555

☒ 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
President	ROY GONZALEZ	4620 LIME Street	COCOA, FL 32926

900004765619-5
-01/10/02--01081--026
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GONZALEZ, ROY
916 SW 10 ST, SUITE 1
HALLANDALE FL 33009

9. Name and Address of New Registered Agent

Name

GONZALEZ, ROY

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

4620 LIME ST

Suite, Apt. #, Etc.

City

COCOA

State

FL

Zip Code

32926

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/28/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/01

Daytime Phone #

321-2430132

CR2E040 (8/01)