

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 12 PM 3:10
check dep. 11-14-02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
check dep. 10-9-03

01045 011 750.00

DOCUMENT # P00000036316

1. Corporation Name

O.P. Custom Pools Inc.

2. Principal Office Address

O.P. Custom Pools

3. Mailing Office Address

O.P. Custom Pools

Suite, Apt. #, etc.

3331-B S.W. 42 Avenue

Suite, Apt. #, etc.

3331-B S.W. 42 Avenue

City & State

Palm City, FL 34990

City & State

Palm City, FL 33490

Zip

34990

Country

USA

Zip

34990

Country

USA

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

4-10-2000

5. FEI Number

65-0997657

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kim Smith

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

6358 S.W. 4 Traverses Street

Suite, Apt. #, Etc.

Palm City, FL 33490

City

Palm City, FL

State

FL

Zip Code

34990

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 8-10-04

REGISTERED AGENT MUST SIGN Kim Smith

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Kim Smith	6358 S.W. travers Street	Palm City, FL 33490

10. 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

Kim Smith

8-10-04

Date

772-286-6070

Daytime Phone #

CR2E081 (01/04)

B