

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 19 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

SEASIDE POOLS OF NAPLES INC  
P-00000057257

2. Principal Office Address

4100 CORPORATE SQ

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

# 114

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34104

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2001

5. FEI Number

59-3652009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

THOMAS WANDERON, E.A.

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

868 106TH AVE. NORTH

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34108

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:

5/13/03

REGISTERED AGENT MUST SIGN

**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.	LEONARD MUSTARI	2090 RIVER REACH DR	NAPLES FL 34104
V. Pres.	MICHAEL MUSTARI	2090 RIVER REACH DR	NAPLES FL 34104

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

LEONARD R. MUSTARI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

5-14-03

Daytime Phone #

239-435-0121

Seaside Pools  
4100 Corporate Square  
Naples, FL 34104  
239-435-0121

May 14, 2003

Department of State  
Division of Corporations

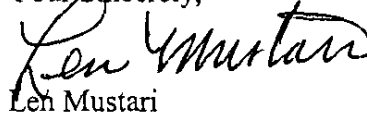
To Whom It May Concern:

Recently I became aware that my corporation was no longer active. I was told that I had not sent in the Annual Business Report for the year 2002. The first year of my incorporation, my accountant filed the report for the year 2001. I assumed that he would be filing the report every year.

Not having received the report form in 2002, I assumed that my accountant had received it and filed it in a timely manner. As a result of this misunderstanding, I find myself unable to continue to contract and provide jobs for my workers.

I respectfully ask that I be reinstated as an active corporation and I promise that from now on I will be very diligent in sending the report on time.

Your Sincerely,



Len Mustari

Pres. Seaside Pools