

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 20 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059816

1. Corporation Name

FLORIDA CUSTOM POOLS, INC.

2. Principal Office Address

P.O. BOX 540308

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

Zip

33454

Country

USA

3. Mailing Office Address

P.O. BOX 540308

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

Zip

33454

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 6-20-2000**

5. FEI Number
651018168

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
MARK A. PERRY, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
50 S.E. 4TH AVENUE

Suite, Apt. #, Etc.

City
DELRAY BEACH,

State
FL

Zip Code
33483

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

REGISTERED AGENT MUST SIGN

Date 04-12-04

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
PSTD	CLIFFORD NEWELL	P.O. BOX 540308	LAKE WORTH, FL. 33454

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

04-12-04

Date

Daytime Phone #

CR2001 (07/04)

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PERRY & KERN, P.A.
ATTORNEYS AT LAW

50 S.E. FOURTH AVENUE
DELRAY BEACH, FLORIDA 33483

TELEPHONE 561.276.4146
FACSIMILE 561.276.3859

April 12, 2004
Via Federal Express

MARK A. PERRY
KEITH D. KERN

REAL ESTATE PARALEGAL
MICHELLE D. EDWARDS

LEGAL ASSISTANTS
SALLY M. TAYLOR
JENNIFER L. TORRENCE

Florida Department of State - Division of Corporations
Attention Sean Toner
403 E. Gaines St.
Tallahassee, FL 32314

RE: FLORIDA CUSTOM POOLS, INC.
DOCUMENT NUMBER P00000059816; FEI NUMBER 651018168
REINSTATEMENT SECTION "NON-RECEIVED"

Dear Mr. Toner:

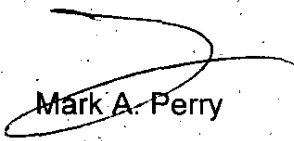
This office represents Clifford Newell regarding Florida Custom Pools, Inc. Mr. Newell has recently discovered that the Annual Report was never received by him (during his divorce) for 2003, and the status was changed to "Inactive". Therefore, I have enclosed the Corporation Reinstatement Form regarding Florida Custom Pools, Inc. Also enclosed is our trust account check in the amount of \$150.00 representing \$61.25 for the Annual Report Fee and \$88.75 for the Corporate Supplemental Fee to reinstate Florida Custom Pools, Inc.

It would be greatly appreciated if you could send the 2004 Annual Report to his new address listed below so he can timely file it:

FLORIDA CUSTOM POOLS, INC.
P.O. BOX 540308
LAKE WORTH, FL. 33454

If you should have any questions, please do not hesitate to contact me. Your assistance in this matter is greatly appreciated.

Yours truly,


Mark A. Perry

:sms
Enclosures