

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 29 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060244

1. Corporation Name

ATLANTIC COAST POOL, INC.

2. Principal Office Address

615 North 11th Street

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

United States

3. Mailing Office Address

615 North 11th Street

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

June 16, 2000

5. FEI Number

☒ 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

RONALD E. DOWNS

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

615 NORTH 11th STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

300004881629-3

02/05/02-01093-005

****300.00 ****300.00

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

Ronald Downs

Date

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
DPST	Ronald E. Downs	615 North 11th Street	Jacksonville Beach, FL
			32250

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:

Ronald Downs

Ronald E. Downs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

(904) 241-2533

Daytime Phone #

CR2E081 (9/00)



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

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January 25, 2002

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, Florida 32314

Re: Profit Corporation Annual Report
Document # P00000060244 – Atlantic Coast Pool, Inc.
Employer Identification Number – Applied for

Dear Sir or Madam,

Please see the enclosed Application of Reinstatement and the Uniform Business Report for our client listed above. We are requesting that you accept his application and his payment of \$300.00, for the year 2001 and 2002.

Mr. Ronald E. Downs, the President of the corporation, came to us after the lawyer he was using for his incorporation did not properly prepare all the forms required. Forms SS-4 and 2553 were never filed with the Internal Revenue Service. An Employer Identification Number was never issued to the corporation. Mr. Downs did not receive his reports for the referenced periods. His lawyer was named the Registered Agent of the corporation and all documents were mailed to his address and not forwarded properly.

Thank you for your help and consideration with this matter. Please contact me if you have any questions or concerns regarding this matter.

Sincerely,

Heather Mitchell

Enclosures: Application For Reinstatement, UBR for 2002 and Check #2429.