

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:36

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

26-0043785

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

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 E. Downs

Date

10/16/03

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
D/P/S/T	Ronald E. Downs	615 N. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Downs

10/16/02

Date

904-545-6376

Daytime Phone #

CR2E081 (10/02)



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

2002
320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 17, 2003

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

Re: Profit Corporation Annual Report
Atlantic Coast Pool, Inc.
Document P00000060244

Dear Madam or Sir:

Please see the attached Application for Reinstatement for the above referenced corporation. We are requesting a waiver of the late fee and ask that you accept the enclosed application and the original application fee of \$150.00.

Mr. Downs, President of Atlantic Coast Pool, Inc., did not receive any notices including the Reinstatement notice. When Mr. Downs contacted my office, with a request for help, we initiated a search. It was discovered that a change of address request sent January 25, 2002 was not reflected on the State Corporation Website. Mr. Downs is a very conscientious person and has always tried to be timely in the filing and paying of government obligations, Federal and State.

Under penalties of perjury, I declare that I have examined this document and statement, and to the best of my knowledge and belief, they are true, correct, and complete.

Thank you for your attention to this matter. Please contact me if you have any further questions.

Respectfully,


William J. Mangine III, EA

Enclosures:
Application for Reinstatement