

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000081941

1. Corporation Name

ACCENT POOLS AND SPAS, INC.

Principal Place of Business

Mailing Address

1254 S JOHN YOUNG PKWY  
STE G  
KISSIMMEE FL 34741

1254 S JOHN YOUNG PKWY  
STE G  
KISSIMMEE FL 34741

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~223, S. JOHN YOUNG PKWY~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~223, S. JOHN YOUNG PKWY~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/29/2000

5. FEI Number

59-3667479

Applied For

Not Applicable

City & State

KISSIMMEE FLORIDA

Zip  
34741

Country  
U.S.A.

City & State

KISSIMMEE FLORIDA

Zip  
34741

Country  
U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	ARCHER, BRIAN	<del>1254</del> 223 S JOHN YOUNG PKWY STE G	KISSIMMEE FL 34741
VT	ARCHER, LIANE	<del>1254</del> 223 S JOHN YOUNG PKWY, STE G	KISSIMMEE FL 34741

300023708873  
10/10/03--01057--002 \*\*750.00

8. Name and Address of Current Registered Agent

ARCHER, BRIAN  
1254 S JOHN YOUNG PKWY  
STE G  
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name

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

~~223, S. JOHN YOUNG PARKWAY~~  
Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/8/03

11. 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

10/8/03 407-908-0325

Date

Daytime Phone #

CH2E040 (7/03)