

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000085193

1. Corporation Name

BLUE HAVEN POOLS OF TAMPA, INC.

2. Principal Office Address

14926 N. FLORIDA AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33613

Country

USA

3. Mailing Office Address

636 BROADWAY

Suite, Apt. #, etc.

310

City & State

SAN DIEGO, CA

Zip

92101

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/09/00

5. FEI Number

74-2973535

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

600009200946  
11/25/02--01048--010 \*\*300.00

7. Name and Address of Current Registered Agent

Name

WILLIAM K. SPILLERS

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

10310 VENETIA REAL AVENUE

Suite, Apt. #, Etc.

#105

City

TAMPA

State  
FL

Zip Code

33647

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

*William K. Spillers*  
REGISTERED AGENT MUST SIGN

Date

11/22/02

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.	RONALD ZABERER	2981 MacDONALD	OCEANSIDE, CA 92154
SEC/TR	CHRIS WATERS	4655 GLACIER AVE.	SAN DIEGO, CA 92120

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:

*Chris Waters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/02

Daytime Phone #

619) 233-3522

CR2E081 (9/01)

11/27



**BLUE HAVEN POOLS OF TAMPA, INC.**

14926 N. Florida Avenue  
Tampa, FL 33613  
(813) 265-6600 • fax: (813) 968-7799

November 21, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please accept this as our request to have our Corporation reinstated. We moved from our initial location and never received the renewal forms. A copy of our current lease is enclosed. Also enclosed is our "Corporate Reinstatement" application.

Thank you for your consideration,

Chris Waters

CW:sm

for 2001