

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000096690

**1. Corporation Name**

NEW TAMPA POOL SUPPLY, INC.

**2. Principal Office Address**

6202 N DALE MABRY HWY

Suite, Apt. #, etc.

**3. Mailing Office Address**

6202 N DALE MABRY HWY

Suite, Apt. #, etc.

**City & State**

TAMPA, FL

**Zip**

33614

**Country**

HILLS.

**City & State**

TAMPA, FL

**Zip**

33614

**Country**

HILLS

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/13/2000

**5. FEI Number**

59-3704766

**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**

KEITH RAY CAMPBELL

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

2020 GORDON ST

**Suite, Apt. #, Etc.**

**City**

TAMPA

**State**

FL

**Zip Code**

33605

**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

*Keith Campbell*

REGISTERED AGENT MUST SIGN

Date 01/21/2004

**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
P	KEITH RAY CAMPBELL	2020 GORDON ST	TAMPA, FL 33605
VP/S	KAREN M. CAMPBELL	2020 GORDON ST	TAMPA, FL 33605

**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:

*Keith Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/2004 813-363-3677

Date

Daytime Phone #

FILED  
04 FEB -5 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800029947318  
03/05/04--01028--023 \*\*300.00

800029947318  
03/05/04--01028--022 \*\*150.00

CR2E081 (10/02)

## Contractors Reporting Service, Inc.

2001 W. Busch Blvd.

Tampa, FL 33612

Ph: 813-932-5244

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

To whom it may concern,

The corporation New Tampa Pool Supply, Inc. (Doc # P00000096690) was purchased back in May of 2001 by Keith Campbell and his wife. Due to the change of ownership, the registered agent, mailing address and officers changed. The annual report was never filed by the new owners due to address changes. Please feel free to request any documentation needed to clear this matter up. Attached is a check for the \$300.00 annual report fee. If you should have any questions, please feel free to contact me at any time.

Office  
813-888-7527

Cell  
813-363-3677

Sincerely,



Keith R. Campbell  
President  
New Tampa Pool Supply, Inc.

813-888-7527

Cell

813-363-3677

Cell