

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000100788

1. Corporation Name

AACTION POOL CLEANING, INC.

Principal Place of Business

Mailing Address

2828 201 OSPREY COVE PLACE
KISSIMMEE FL 34746

2828 201 OSPREY COVE PLACE
KISSIMMEE FL 34746

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2000

5. FEI Number

59-3684928

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	HOMER, CLARK	2828-201 OSPREY COVE PLACE	KISSIMMEE FL 34746
VS	HARDY, KELLY	2828-201 OSPREY COVE PLACE	KISSIMMEE FL 34746
P	HOMER, CLARK	2828-201 OSPREY COVE PLACE	KISSIMMEE FL 34746
VS	MUMM, Nancy	429 OTTER CREEK	KISSIMMEE FL 34743

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOMER, CLARK
2828 201 OSPREY COVE PLACE
KISSIMMEE FL 34746

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Clark Homer

REGISTERED AGENT MUST SIGN

Date 2-4-04

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:

Clark Homer CLARK HOMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04
Date

4107
414-1279
Daytime Phone #

CR2E040 (7/03)