

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 # P00000100990

1. Corporation Name

PALM BEACH POOLS AND SPAS, INC.

Principal Place of Business

Mailing Address

~~600 SANDTREE DR.~~

600 SANDTREE DR.

~~STE 210-A~~

STE 210-A

~~PALM BEACH GARDENS FL 33403~~

PALM BEACH GARDENS FL 33403

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

2. New Principal Office Address, If Applicable

1210 GATOR TRAIL

3. New Mailing Office Address, If Applicable

P.O. Box 32235

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

PALM BEACH GARDENS FL

Zip

33409

Country

PALM BEACH

Zip

33420

Country

U.S.A.

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2000

5. FEI Number

65-1053648

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
P	ERWIN, WILLIAM C	1210 GATOR TRAIL	WEST PALM BEACH FL 33409
			600024330136 10/31/03--01032--004 **150.00

8. Name and Address of Current Registered Agent

ERWIN, WILLIAM C  
1210 GATOR TRAIL  
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*William C. Erwin*  
REGISTERED AGENT MUST SIGN

Date

10/23/03

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:

*William C. Erwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03

Daytime Phone #

561-625-1099

CR2E040 (7/03)

# Palm Beach Pools and Spas, Inc.

POOL, SPA AND WATERFALL CONSTRUCTION, RENOVATIONS AND REMODELING

600 Sandtree Drive, Suite 210-A • Palm Beach Gardens, Florida 33403  
561-625-1099 • Fax 561-625-5454

State General Contractor  
License No. CGC007486

State Commercial Pool Contractor  
License No. CPC057266

10/6/03

To whom it may concern

I did not receive previous notices, probably because of the moving of my offices.

I include the standard fee and apologize for not being aware earlier.

Sincerely,

William L. Gurn