

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 JUL 22 AM 9:01  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P00000109955

1. Corporation Name

Stuart Pools, Inc.

2. Principal Office Address - No P.O. Box #

1923 NW 40<sup>th</sup> Ct

Suite, Apt. #, etc.

3. Mailing Office Address

1923 NW 40<sup>th</sup> Ct

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/2000

5. FEI Number

65-1057999

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 L. Stuart

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

1923 NW 40<sup>th</sup> Ct

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

REINSTATEMENT

02-10  
B 7/23/10

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

(X) [Signature]

REGISTERED AGENT MUST SIGN

Date (X) 7/19/10

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 L. Stuart	1923 NW 40 <sup>th</sup> Ct	Pompano Beach, FL 33064
VP	Keith L. Stuart	1923 NW 40 <sup>th</sup> Ct	Pompano Beach, FL 33064
S	Keith L. Stuart	1923 NW 40 <sup>th</sup> Ct	Pompano Beach, FL 33064
T	Keith L. Stuart	1923 NW 40 <sup>th</sup> Ct	Pompano Beach, FL 33064

10. E-mail Address: keithnwp@bellsouth.net

(To be used for future annual report notification)

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, I further certify, 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: (X)

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X)

7-19-10

Date

Daytime Phone #