PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
03 OCT 23 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000005216**

1. Corporation Name

AQUATECHNICS POOL & SPA, INC.

Principal Place of Business	Mailing Address
3113 CORMORANT ROAD EAST DELRAY BEACH FL 33444	3113 CORMORANT ROAD EAST DELRAY BEACH FL 33444

REINSTATEMENT 03

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: 01/12/2001

5. FEI Number: 65-1066990 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	ARCURI, KAREN LEIGH	3113 CORMORANT ROAD EAST	DELRAY BEACH FL 33444
T	ARCURI, JACK MICHAEL	3113 CORMORANT ROAD EAST	DELRAY BEACH FL 33444
V	AHRENS, BRIAN HARRY	3101 CORMORANT ROAD EAST	DELRAY BEACH FL 33444

600024056235
10/23/03--01084--008 **150.00

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name: Maryanne Polonsky
Street Address (P.O. Box Number is Not Acceptable): 1289 West Camino Real
Suite, Apt. #, Etc.:
City: Boca Raton | State: FL | Zip Code: 33486

CR2E040 (7/03)

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: Maryanne Polonsky
REGISTERED AGENT MUST SIGN
Date: 10/15/03

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: Karen L Arcuri Karen L Arcuri Oct. 13, 2003 (561) 272-3314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AQUATECHNICS POOL & SPA, INC.

October 13, 2003

Dear Sir:

I received the Notice of Administrative Dissolution or Revocation in the mail on 10/10/03, and was taken aback. It says on the form that you send out two notices before the dissolution form, and my company has never received one of them. I open all of the mail at the office, and never once came upon a notice. I have always filed them on time in the past, and would have this time also. I hope that in the future, I will get them on time, and I will always send it back certified mail, so that I know you will receive it. I hope all that is enclosed is all that you will need to get our company reinstated.

Sincerely,

Karen L Arcuri

Karen Arcuri
President/Office Manager

3113 CORMORANT ROAD
• DELRAY BEACH, FLORIDA • 33444
PHONE: 561-272-3314 • FAX: 561-330-8109