

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000018493

1. Corporation Name

PEDONE POOLS, INC.

Principal Place of Business

18749 MONTE VERDE DRIVE  
SPRING HILL FL 34610

Mailing Address

18749 MONTE VERDE DRIVE  
SPRING HILL FL 34610



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

9349 DENTON AVE

Bldg D #9

HUDSON FL

34667 USA

3. New Mailing Office Address, If Applicable

9349 DENTON AVE

Bldg D #9

HUDSON FL

34667 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/2001

5. FEI Number

543697988

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
PSTD	PEDONE, JOSEPH L JR.	18749 MONTE VERDE DRIVE	SPRING HILL FL 34610

200008545032  
10/23/02--01047--008 \*\*758.75

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name  
JOSEPH L. PEDONE JR.

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

9349 DENTON AVE

Suite, Apt. #, etc.

Bldg D #9

City

HUDSON FL 34667

State

FL

Zip Code

34667

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02 727-861-2992

Date

Daytime Phone #

CR2EQ40 (8/02)