

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 29 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000024693

1. Corporation Name

SUNSTATE POOL FINISHING SUPPLIES, INC.

Principal Place of Business

6916 CRICLE CREEK DR.
PINELLAS PARK FL 33781

Mailing Address

6916 CRICLE CREEK DR.
PINELLAS PARK FL 33781

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

2. New Principal Office Address, If Applicable

695 28th Street So.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

695 28th Street So.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/2001

5. FEI Number

59-3705141

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PAIGE, TERESA D	6916 CRICLE CREEK DR.	PINELLAS PARK FL 33781
D	PAIGE, CHRISTOPHER A	6916 CRICLE CREEK DR.	PINELLAS PARK FL 33781

000008644700
10/29/02--01037--024 **150.00

11/5

8. Name and Address of Current Registered Agent

PAIGE, TERESA A
6916 CRICLE CREEK DR.
PINELLAS PARK FL 33781

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-02

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

10-23-02 727-322-0388
Date Daytime Phone #

CR2E040 (8/02)



Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: Sunstate Pool Finishing Supplies, Inc.
P01000024693

10-23-02

To Whom It May Concern:

We did not previously receive the Annual Report/Uniform Business Report, due to a change in address, which is now

695 28th Street So
St. Petersburg, Florida 33712

We moved our third month in business.

I have enclosed the appropriate fee for our profit corporation.

Please contact me if I need to make further arrangements.

Respectfully

Teresa D. Paige
Teresa D. Paige
Officer