

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 NOV -6 AM 9:23

SECRETARY OF STATE

400008837574

11/06/02--01137--010 **150.00

DOCUMENT # P01000027471

1. Corporation Name

CPR REMOVABLE POOL SAFETY FENCE, INC.

Principal Place of Business

5920 WESTPORT LANE
NAPLES FL 34116

Mailing Address

5920 WESTPORT LANE
NAPLES FL 34116

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2001

5. FEI Number

65-1094191

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
PD	GIBSON, JEFFREY T	5920 WESTPORT LANE	NAPLES FL 34116

8. Name and Address of Current Registered Agent

GIBSON, JEFFREY T
5920 WESTPORT LANE
NAPLES FL 34116

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

10/29/02

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

Date

Daytime Phone #

10/29/02 239.348.2900

CR2E040 (8/02)

10/29/02

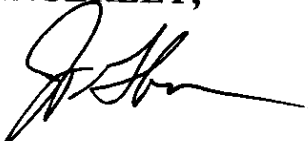
TO: DEPARTMENT OF STATE

**FROM: JEFFREY GIBSON - PRESIDENT - CPR
REMOVABLE POOL SAFETY FENCE INC.**

RE: REINSTATEMENT OF CORPORATION

**NO PRIOR UBR NOTICES WERE RECEIVED BY ME
DURING THE 2002 CALENDAR YEAR. I AM THE
REGISTERED AGENT FOR THE COMPANY.**

SINCERELY,

A handwritten signature in black ink, appearing to be 'J. Gibson', written over the word 'SINCERELY,'.

JEFFREY GIBSON