

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

*Jim Smith*  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAY -5 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039929

1. Corporation Name

WAY COOL POOLS, INC.

Principal Place of Business  
1150 E. LAKE SHORE BLVD.  
KISSIMMEE FL 34744

Mailing Address  
1150 E. LAKE SHORE BLVD.  
KISSIMMEE FL 34744



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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3712348

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip                       |
|---------------|---|--|---|
| PD            | RAYMOND, DERRIC M                         | 1150 E. LAKE SHORE BLVD.                               | KISSIMMEE FL 34744                            |
|               |   |  |   |
|               |   |  | 100013044671<br>02/24/03--01094--013 **150.00 |
|               |   |  |   |
|               |   |  | 100013044671<br>05/05/03--01121--001 **150.00 |
|               |   |  |   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAYMOND, DERRIC M  
1150 E. LAKE SHORE BLVD.  
KISSIMMEE FL 34744

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 Feb 6, 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:

~~SIGNATURE REQUIRED~~  
DERRIC Raymond  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 6, 03 407-908-4555

Date Daytime Phone #

CR20040 (3/02)

# WAY COOL POOLS, INC

1150 E Lake Shore Blvd

Kissimmee, Fl 34744

407-908-4555

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February 17, 2003

Florida Department of State,

This letter is to ask for reinstatement of this corporation. We did not receive prior notice and would like to reinstate. We have had some problems with mail and am not sure why.

The fee is included and we hope you will be able to help us. Thank you.

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Sincerely,



Derric Raymond

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