

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 8:47

SECRETARY OF STATE
TALLAHASSEE - FLORIDA

DOCUMENT # P01000074986

1. Corporation Name

Tropical Pools of the Keys

2. Principal Office Address

30464 Overseas Hwy

Suite, Apt. #, etc.

City & State

Big Pine Key, Florida

Zip

33043

Country

Monroe

3. Mailing Office Address

30464 Overseas Hwy

Suite, Apt. #, etc.

City & State

Big Pine Florida

Zip

33043

Country

Monroe

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651128078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8751 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK Jachelski

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

24643 PARK Drive

Suite, Apt. #, Etc.

City

Summerland Key

State

FL

Zip Code

33042

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	MARK Jachelski	24643 PARK Drive	Summerland Key FL 33042
V.Pres	Robert Jachelski	22974 John Avery Lane	Cudjoe Key FL 33042

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

TROPICAL POOLS OF THE KEYS INC
30464 OVERSEAS HWY
BIG PINE KEY, FL 33043

Request taken by: jshivers
12-11-2003

The forms you recently requested from this office are:

-(1) -203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314