

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000109478

1. Corporation Name

Town & Country Pools, Inc.

2. Principal Office Address

838 Rockford Rd.

Suite, Apt. #, etc.

City & State

Apopka

Zip

32712

Country

USA

3. Mailing Office Address

838 Rockford Rd.

Suite, Apt. #, etc.

City & State

Apopka

Zip

32712

Country

U.S.A.

REINSTATEMENT

07

**4. Date Incorporated or Qualified
To Do Business in Florida**

November 14 2001

5. FEI Number

59-3757085

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott A. Jones

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

838 Rockford Road

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

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

Scott A. Jones

REGISTERED AGENT MUST SIGN

Date

11/23/03

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
<u>President</u>	<u>Scott A. Jones</u>	<u>838 Rockford Rd.</u>	<u>Apopka, FL 32712</u>

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:

Scott A. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/03
Date

407 448 8440
Daytime Phone #

CRZE081 (10/02)

SCOTT JONES
TOWN & COUNTRY POOLS INC.

838 Rockford Road
Apopka, Florida 32712
407-448-8440
SJONES3103@CFL.RR.COM

November 17, 2003

Katherine Harris, Florida Department of State

I would like to request a waiver of fees for the reinstatement of my corporation. We have moved two times in the past year and never received the forms to report. I have included the reinstatement forms along with a check for the amount of \$150.00. Thank you.

Sincerely,

Scott A. Jones

407 448-8440