

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 20 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000113825**

1. Corporation Name

ALL ABOUT POOLS BY SETH, INC.

Principal Place of Business

~~1623 CORAL RIDGE DR~~
CORAL SPRINGS FL ~~33071~~

Mailing Address

~~1623 CORAL RIDGE DR~~
CORAL SPRINGS FL ~~33071~~

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

2. New Principal Office Address, If Applicable

10584 NW 57th CT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2001

5. FEI Number

Applied For

Not Applicable

City & State
Coral Springs FL

City & State

Zip
33076

Country
USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MARLIEB, SETH	1623 CORAL RIDGE DR 10584 NW 57th CT	CORAL SPRINGS FL 33071 33076

500009113345
11/20/02--01068--014 **150.00

8. Name and Address of Current Registered Agent

MARLIEB, SETH
1623 CORAL RIDGE DR
CORAL SPRINGS FL 33071

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

CR20040 (8/02)

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

10/21/02

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 #

11/15/02

To Whom it May Concern

Per a conversation with a representative from the number enclosed I am writing this letter.

Due to a move early this year I did not receive any forms except the Notice of Administrative Dissolution or Revocation. Enclosed please send a check for \$150.00 and also the change of address for my corporation as directed by your Representative. Thank you for your help & understanding.

Thanks

~~Seth Sauluk~~

ALL About Pools - by Seth, Inc