

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 21 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000122485*

1. Corporation Name

*Fun Time Pool Services, Inc.*

400008452774--2  
-10/18/02--01072--001  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

*25381 Fairway Dunes Ct.*

Suite, Apt. #, etc.

3. Mailing Office Address

*P.O. Box 110026*

Suite, Apt. #, etc.

City & State

*Bonita Springs, FL*

City & State

*Naples, FL*

Zip

*34135*

Country

*USA*

Zip

*34108*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*12/31/01*

5. FEI Number

*01-0577541*

☒ 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

*Jorge Luis Torres*

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

*25381 Fairway Dunes Ct.*

Suite, Apt. #, Etc.

City

*Bonita Springs,*

State

*FL*

Zip Code

*34135*

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

REGISTERED AGENT MUST SIGN

Date *10/14/02*

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
<i>PRES</i>	<i>Jorge Luis Torres</i>	<i>25381 Fairway Dunes Ct.</i>	<i>Bonita Springs, Florida 34135</i>
<i>VICE pres</i>	<i>Jorge Orlando Torres</i>	<i>2322 Arbour walk circle #1117</i>	<i>Naples, Florida 34109</i>
<i>vice pres</i>	<i>Gary M. Rubin</i>	<i>3620 Saybrook Place</i>	<i>Bonita Springs, Florida, 34134</i>

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

*Jorge Luis Torres*

Date

*10/14/02*

Daytime Phone #

*(239)  
649-1314*

CR2E081 (9/01)

*js 10/23/02*

**JOHN BOLAN**  
**BS, MEd, MBA, CDP, EA**  
*Enrolled to practice before the Internal Revenue Service*  
**TAX ACCOUNTANT**

Office:  
875 102<sup>nd</sup> Avenue North  
Naples, Florida 34108  
e-mail: [johnbolan@aol.com](mailto:johnbolan@aol.com)

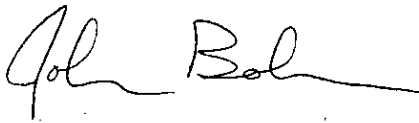
Phone: (941) 598-9901  
Fax: (941) 591-4929

10/15/02

To Whom It May Concern:

This letter is to inform you that Fun Time Pool Services, Inc., became an intity with the state December 31, 2001. Jorge L. Torres never received the Uniform Business Report Form. Therefore he is reinstating the form with the original amount due, \$150.00.

Thanks,

A handwritten signature in cursive script, appearing to read "John Bolan", written in dark ink.