

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -5 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Best Pool Finish Inc
PD2D000006599

REINSTATEMENT 07

2. Principal Office Address

4130 NW 30th TERR

Suite, Apt. #, etc.

2

3. Mailing Office Address

4130 NW 30th TERR

Suite, Apt. #, etc.

2

City & State

LAUDERDALE LAKES, FL

City & State

LAUDERDALE LAKES, FL

Zip

33309

Country

BROWARD

Zip

33309

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

2/14/02

5. FEI Number

651005761

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

CECIL EARL COLSON

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

4130 NW 30th TERR

Suite, Apt. #, Etc.

2

City

LAUDERDALE LAKES

State
FL

Zip Code

33309

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

Cecil Earl Colson

Date

12/31/03

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
Pres.	CECIL EARL COLSON	4130 NW 30 th TERR	LAUDERDALE LAKES, FL 33309
V. Pres.	JIMMAY NIXON	4421 NW 72 nd AVE	LAUDERDALE, FL 33319

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:

Cecil Earl Colson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/03

Date

954-347-0712

Daytime Phone #

CR2E081 (10/02)

Best Pool Finish Inc 12/31/03

DEAR DIVISION OF CORPORATIONS

I Cecil Colson did NOT receive
the notice of the fee for the year of
2003. I only became aware when
I called the Worker's Compensation
and found out about the dissolution.

Thank You,

Cecil Colson
President