

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009111

1. Corporation Name

CLEAN CARE POOL SERVICE, INC.

Principal Place of Business

Mailing Address

3414 OASIS BLVD  
CAPE CORAL FL 33914

PO BOX 151692  
CAPE CORAL FL 33915



900024459319

11/06/03--01002--020 \*\*150.00

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

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
P	FREDERICK, JON C SR	3414 OASIS BLVD	CAPE CORAL FL 33914
		524 NW 3 LANE	CAPE CORAL FL 33914
			33993

REINSTATEMENT

8. Name and Address of Current Registered Agent

FREDERICK, JON C SR  
3414 OASIS BLVD  
CAPE CORAL FL 33914

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

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]*

REGISTERED AGENT MUST SIGN

Date

10-9-03

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]* JON FREDERICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03 239-573-2060

Date

Daytime Phone #

CR2040 (7/03)

2012

*Clean Care Pool Service*

524 NW 3 Ln  
Cape Coral, FL. 33993

239-573-2060

cleancarepool@aol.com

October 13, 2003

Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314


RE: Waiver of Reinstatement Fee

Dear Sir or Madam,

*With this letter I am requesting a waiver of the reinstatement fee for late filing of the uniform business report. I did not receive the two prior reports due to a change in address. I have listed the new mailing address on the reinstatement form.*

*Please accept my check and reinstatement. I wish to continue operating my business in Florida.*

Best regards,

  
Jon Frederick