

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1246

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000012005

1. Corporation Name

WATERMAN POOLS AND SPAS, INC.

2. Principal Office Address - No P.O. Box #

9311 SWEETBAY COURT

Suite, Apt. #, etc.

3. Mailing Office Address

9311 SWEETBAY COURT

Suite, Apt. #, etc.

City & State

LADSON SC

City & State

LADSON SC

ZIP

29456

Country

ZIP

29456

Country

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER ANTHONY WATERMAN

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

1334 NORTH MILITARY TRAIL

Suite, Apt. #, Etc.

City

WEST PALM BEACH

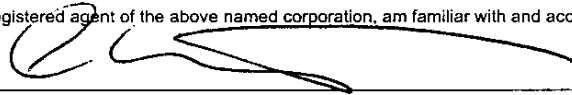
State

FL

ZIP Code

33409

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 

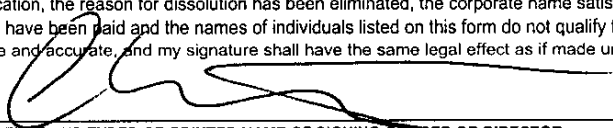
REGISTERED AGENT MUST SIGN

Date 11/5/08

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
P	CHRISTOPHER WATERMAN	9311 SWEETBAY COURT	LADSON, SC 29456

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 contained in Chapter 119, 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

Date

11/5/08

Daytime Phone #

843-364-2567

FILED

08 NOV 10 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

300137787303

11/10/08--01041--013 **1500.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2002

5. FEI Number

75-2993712

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.