

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 DEC 10 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000029413**

1. Corporation Name

**ROBERT LOVINS POOL COMPANY, INC.**

Principal Place of Business

Mailing Address

3904 LYMESTONE DR  
COOPER CITY FL 33026

3904 LYMESTONE DR  
COOPER CITY FL 33026

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 03**



000025391460  
12/10/03--01060--007 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/2002

5. FEI Number

04-3622863

Applied For

Not Applicable

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
PD	LOVINS, ROBERT	3904 LYMESTONE DR	COOPER CITY FL 33026
DV	LOVINS, ALI	3904 LYMESTONE DR	COOPER CITY FL 33026

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOVINS, ROBERT  
3904 LYMESTONE DR  
COOPER CITY FL 33026

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date

12/4/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/03  
Date

954 274 3471  
Daytime Phone #

CR2E040 (7/03)

Robert Lovins Pool Company  
3904 Limestone DR  
Cooper City, FL 33026

December 8, 2003

Division of Corporations

To Whom It May Concern:

I would like to request a waiver of the reinstatement fees regarding my corporation. Robert Lovins Pool Company Inc. document # P02000029413 I did not receive the annual report form for year 2002. I did not conduct business under this company and did not realize the dissolution was imminent. I would like to reinstate the company at this time and would appreciate any consideration to this request.

Thank you,

A handwritten signature in black ink, appearing to read 'Robert Lovins', with a long horizontal flourish extending to the right.

Robert Lovins