

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 25 AM 11:43

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD2000047414

1. Corporation Name

HANNA POOL CORP
1431 VILLA CT
DELAND, FL 32724

2. Principal Office Address

1431 VILLA CT

Suite, Apt. #, etc.

City & State

DELAND, FL

Zip

32724

Country

US

3. Mailing Office Address

1431 VILLA CT

Suite, Apt. #, etc.

City & State

DELAND, FL

Zip

32724

Country

US

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

04-30-2002

5. FEI Number

45-0475646

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

JULIAN M HANNA JR

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

1431 VILLA CT

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32724

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-24-04

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
PD	HANNA, JULIAN M JR	1431 VILLA CT	DELAND FL 32724
V	DEWHIRST, CHAD P	1431 VILLA CT	DELAND FL 32724

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

6-24-04

Date

388-527-0870

Daytime Phone #

CR2E081 (01/04)