

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 16 AM 8:45

DOCUMENT # **PO2000048945**

1. Corporation Name

**McIntosh Pool, INC.**

**100078986521**  
08/22/06--01019--022 \*\*200.00

**REINSTATEMENT 03-06**

2. Principal Office Address

**4521 NW 27th St.**

Suite, Apt. #, etc.

3. Mailing Office Address

**4521 NW 27th St.**

Suite, Apt. #, etc.

City & State

**Lauderhill Florida**

City & State

**Lauderhill Florida**

Zip

**33313**

Country

**U.S.A.**

Zip

**33313**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**01-0692461**

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

**James P. McIntosh II**

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

**4521 N.W. 27th Street**

Suite, Apt. #, Etc.

City

**Lauderhill**

State  
**FL**

Zip Code

**33313**

**100078986521**

08/22/06--01019--020 \*\*500.00

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

**James P. McIntosh II**  
REGISTERED AGENT MUST SIGN

Date **4/3/2006**

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
VPD	James McIntosh Sr.	4521 N.W. 27th St.	Lauderhill / FL / 33313
DPS	James McIntosh II	4521 N.W. 27th St.	Lauderhill / FL / 33313

**100078986521**  
08/22/06--01019--021 \*\*500.00

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:

**James P. McIntosh**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/06 954 270 0024**  
Date Daytime Phone #