

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 -1 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000063763

1. Corporation Name

BLUE BOTTOM POOL SERVICES, INC.

Principal Place of Business

Mailing Address

507 WAVE CREST DRIVE  
ORLANDO FL 32807

507 WAVE CREST DRIVE  
ORLANDO FL 32807



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

06/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

104-3675503

Applied For

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$2.75 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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

Pres Linda Goudie

507 WAVECREST DR

ORLANDO, FL 32807

V.P. Billie Linzy

507 WAVECREST DR

ORLANDO, FL 32807

700024058127

10/24/03--01005--003 \*\*158.75

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINZY, BILLIE  
507 WAVE CREST DRIVE  
ORLANDO FL 32807

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CRPD040 (7/03)

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 10-17-03

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-03 321-689-1874

2/24/03

**BLUE BOTTOMS POOL SERVICES, INC.**  
**507 WAVECREST DRIVE**  
**ORLANDO FLORIDA 32807**

10/17/2003

Division Of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

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Ref: Reinstatement of Corporation Blue Bottoms Pool Services

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Dear Sirs,

We have just received a certificate of dissolution of our corporation in the mail.

This is the first notice that we have received.

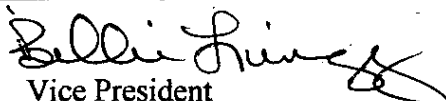
After a phone call to the number enclosed on the form, I was instructed to mail in the reinstatement application and a check for \$150.00 to reinstate the corporations status.

Please reinstate the corporation Blue Bottoms Pool Services, Document number P02000063763 with Tax Number 58-12-191345-20-8

Please contact us if there are any further concerns @ 321-689-1878 or by mail at the above address.

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Billie Linzy

  
Vice President  
Blue Bottoms Pool Services, Inc.

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