

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 11 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082738

1. Corporation Name

A QUALITY POOL SERVICE OF OCALA INC

W08000009407

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

14705 NE 213th PL

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1452

Suite, Apt. #, etc.

City & State

FT. MCCOY, FL

City & State

Zip

32134

Country

MARION

Zip

Country

7. Name and Address of Current Registered Agent

Name

JOHN GROSSO

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

PO BOX 1452 14705 NE 213th PL

Suite, Apt. #, Etc.

City

FT. MCCOY, FL

State

FL

Zip Code

32134

REINSTATEMENT 06-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/02

5. FEI Number

59-2291285

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.

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

800118544058

03/11/08--01005--005 **150.00

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	JOHN GROSSO	14705 NE 213th PL	FT. MCCOY, FL 32134
VP	JOE GROSSO	5348 SE 15TH CT	OCALA FL 34480
TRES	BARBARA GROSSO	14705 NE 213th PL	FT. MCCOY, FL 32134
			800118544058 02/21/08--01029--017 **308.75

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

2/20/08

Date

352-266-7651

Daytime Phone #