

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 NOV -6 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103318

1. Corporation Name

TREASURE COAST POOLSITTERS & SCREENS, INC.

Principal Place of Business

Mailing Address

1350 SW BILTMORE ST
PORT ST LUCIE FL 34983

1350 SW BILTMORE ST
PORT ST LUCIE FL 34983



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

09/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	LIN Schei	2398 SW Cooper Ln PSL FL	PSL, FL
V. Pres	Bruce Jackson	1350 SW Biltmore St	PSL, FL

200024099912
10/27/03--01004--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON, BRUCE C
1350 SW BILTMORE ST
PORT ST LUCIE FL 34983

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

REGISTERED AGENT MUST SIGN

Date 10.21.03

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

Date

Daytime Phone #

10.21.03 - 772-344-9387

CR2E040 (7/03)

**TREASURE COAST POOLSITTERS
AND SCREENS, INC.
1350 SW BILTMORE ST.
PORT ST. LUCIE, FL. 34983
OFFICE – 772-336-3409
FAX – 772-343-7303**

OCTOBER 21, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN,

PLEASE FIND ENCLOSED CHECK # 2011, IN THE AMOUNT OF \$150.00
FOR RENEWAL OF MY CORPORATION, FOR I NEVER RECEIVED THE
ORIGINAL RENEWAL FORM. PLEASE CHECK THE ADDRESS IN WHICH IT
WAS SENT TO AND COMPARE IT TO MY ADDRESS LISTED ABOVE. THANK
YOU. SORRY FOR THE INCONVIENCE.

RESPECTFULLY,



LIN SCHEID,
PRESIDENT