

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # PO2000111706

1. Corporation Name

G. Williams Pool and Spa, INC.

2. Principal Office Address

4119 N.W. 19th St

Suite, Apt. #, etc.

Lauder Hill

City & State

Florida

Zip

33313

Country

USA.

3. Mailing Office Address

4119 N.W. 19th St

Suite, Apt. #, etc.

City & State

Lauder Hill, FL

Zip

33313

Country

USA.

500036196605

05/12/04--01037--013 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/02

5. FEI Number

161633775

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

Gregory Williams

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

4119 N.W. 19th St

Suite, Apt. #, Etc.

City

Lauder Hill

State

FL

Zip Code

33313

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

Gregory Williams
REGISTERED AGENT MUST SIGN

Date Apr 26, 2004

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
D	Gregory Williams	4119 N.W. 19th St	Lauder Hill, FL 33313
D	Patricia Williams	4119 N.W. 19th St	Lauder Hill, FL 33313

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)(l), 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:

Gregory Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2004

Date

Daytime Phone #

CR2E081 (10/02)