

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6052

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 OCT 24 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300061000583  
10/28/05--01044--004 \*\*308.75

**REINSTATEMENT 05**

DOCUMENT # P03000130445

1. Corporation Name

SMITHBUILT POOLS

2. Principal Office Address

2121 Linden Rd.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

Zip 32792

FLA

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

FL

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-19-2003

5. FEI Number

35-2218932

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

WALTER B SMITH

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

2121 LINDEN RD.

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32792

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

Walter Smith

Date 10-19-05

REGISTERED AGENT MUST SIGN

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
<u>DPST</u>	<u>WALTER SMITH</u>	<u>2121 LINDEN RD.</u>	<u>WINTER PARK FL 32792</u>
<u>D</u>	<u>TRACY CALDWELL</u>	<u>1250 SEMINOLA BLVD</u>	<u>CASSELBERRY FL 32707</u>
<u>D</u>	<u>CHRISTOPHER CALDWELL</u>	<u>1250 SEMINOLA BLVD</u>	<u>CASSELBERRY FL 32707</u>

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)(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: WALTER SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-05

Daytime Phone #

407-341-3241

B. Mitchell OCT 26 2005


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I would like to ReinstAte  
my corp. would like to WAIVE  
LATE FEES. I moved AND DID NOT  
RECIeVE ANY ANNUAL REPORT PAPERS.

Ive enclosed A CHECK FOR

308.25 TO INCLUDE CERT OF STATUS

THANK YOU WALT SMITH

Walt 

407-341-3241