

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 16 PM 2:51

DOCUMENT #

1. Corporation Name

POOLS WITH HEART, INC.
P0300045516

REINSTATEMENT 04-05

300062226213
12/16/05--01043--007 **300.00

2. Principal Office Address

1807 Laurel Brook Loop

Suite, Apt. #, etc.

City & State

Casselberry, Florida

Zip

32707

Country

Seminole

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/1/03

5. FEI Number

20-1153080

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

James Hart

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

1807 Laurel Brook Loop

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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

James Hart
REGISTERED AGENT MUST SIGN

Date

12/15/05

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
Pres.	James Hart	1807 Laurel Brook Loop	Casselberry FL 32707

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Hart

Date

12/15/05 407-832-8990
Daytime Phone #

20/2

POOLS WITH HART, INC.
JIM HART
1807 LAUREL BROOK LOOP
CASSELBERRY, FL 32707
407-832-8990


November 3, 2005

To: Reinstatement Division

Per my conversation with Shawn today, please accept this letter along with the reinstatement form informing you that we never received the Annual Report notice. We also never received any information letting us know that the corporation had been dissolved. The address on record is correct so I am not sure why nothing was received.

Enclosed please also find a check for \$300.00 for last years dues and this years dues.

Thanking you in advance for your help with this matter.


Leigh Hart
Secretary
Pools With Hart, Inc.