

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 19 PM 2:22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P-0300018210**
1. Corporation Name

**KRIS SVELLING CUSTOM POOL AND PAVERS,
INC**

2. Principal Office Address

13550 OLD DIXIE HWY

Suite, Apt. #, etc.

City & State

SEBASTIAN, FL

Zip

32958

Country

3. Mailing Office Address

13550 OLD DIXIE HWY

Suite, Apt. #, etc.

City & State

SEBASTIAN, FL

Zip

32958

Country

REINSTATEMENT 04-05
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/03

5. FEI Number

33-1081775

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

KRIS SVELLING

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

13550 OLD DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

SEBASTIAN, FL 32958

State

FL

Zip Code

32958

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

Kris Swelling

REGISTERED AGENT MUST SIGN

Date

10/11/05

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
P	KRIS SVELLING	13550 OLD DIXIE HWY	SEBASTIAN, FL 32958

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:

Kris Swelling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/05

772-633-7188

Daytime Phone #