

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P04000002558

Nicholas Pool Construction, Inc.

2. Principal Office Address

2372 Oklahoma St

Suite, Apt. #, etc.

City & State

West Palm Beach, FL.

Zip

33406

Country

USA

3. Mailing Office Address

2372 Oklahoma St.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL.

Zip

33406

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/04

5. FEI Number

58 2680414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

07 JAN 19 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200086166232

01/25/07--01003--015 **1208.75

REINSTATEMENT 05-07

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Thomas Edward Nicholas

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

2372 Oklahoma St.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

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

Thomas E. Nicholas

Date 1-16-07

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
P	Thomas Edward Nicholas	2372 Oklahoma St	W.P.B., FL. 33406
	<i>[Signature]</i>		

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 contained in Chapter 119, 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:

Thomas E. Nicholas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07 561-719-9636

Date

Daytime Phone #