

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 SEP 28 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO100008161

**1. Corporation Name**

Cherry Pools, Inc.

**REINSTATEMENT 06-07**

CR2E081 (12/05)

**2. Principal Office Address**

**3. Mailing Office Address**

3305 Capital Cir NE

318 1st Street SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#205

City & State

City & State

Tallahassee, FL

Cairo Ga

Zip

Country

Zip

Country

32308

Leon

39828

Grady

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

1/24/04

**5. FEI Number**

20-0726427

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

Jeffery Neal Cherry

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

318 1st Street SW 3305 Capital Cir. NE

Suite, Apt. #, Etc.

Suite #205

City

Cairo Tall.

State

FL

Zip Code

39828 32308

**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

REGISTERED AGENT MUST SIGN

Date

9/13/07

**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	Jeffery Neal Cherry	318 1st Street SW Cairo, Ga 39828	

200110183462  
10/02/07-01040-008 \*\*323.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/13/07 229-327-7026

Cherry Pools Inc.  
318 1<sup>st</sup> Street SW  
Cario, Ga.39828

September 19, 2007

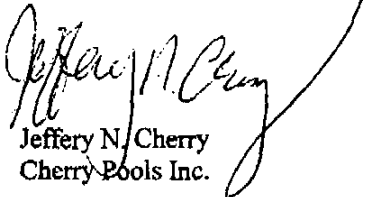
Re: Debit memo # 75103-F

To Whom It May Concern:

This letter is to be attached to the reinstatement form for my Corporation, it the for the purpose of explaining why I have not taken care of my fee until now.

In December of last year my wife (who ran my office) left because of my irrational behavior and my life and business started to fall apart. After numerous doctor visits and referrals I have been diagnosed with Bi-Polar disorder, my life was still in upheaval for a few months but luckily they have found a medicine regimen that works wonderfully for me and I am getting my life and business back on track as well as have my wife back by my side and involved in the business. Thank you for understanding and granting me leniency.

Sincerely,



Jeffery N. Cherry  
Cherry Pools Inc.