

Page 1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 10 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000075046

1. Corporation Name

TREASURE COAST POOL DESIGNS INC

07/22/08 01008 001 \$150.00
07/14/08 01059 001 \$300.00

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

4251 SW MALLARD CREEK TRL
Suite, Apt. #, etc.

3. Mailing Office Address

4251 SW MALLARD CREEK TRL
Suite, Apt. #, etc.

City & State

PALM CITY, FL

City & State

PALM CITY, FL

Zip

34990

Country

MARTIN

Zip

34990

Country

MARTIN

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/2004

5. FEI Number

030541395

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

JANINES NEWMARK

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

4251 SW MALLARD CREEK TRL

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Janine S. Newmark
REGISTERED AGENT MUST SIGN

Date 11/5/05

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	Janine S. Newmark	4251 SW MALLARD CREEK TRL	PALM CITY, FL 34990
Director	Janine S. Newmark	4251 SW MALLARD CREEK TRL	PALM CITY, FL 34990

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:

Janine S. Newmark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/05 772-349-4755

Daytime Phone #

11/13

Treasure Coast Pool Design Inc.

4251 SW MALLARD CREEK TRAIL
Palm City, FL 34990

11/05/08

Phone Number 772-349-4755
Fax Number 772-288-6616
Email: thepoolguy@peoplepc.com

DEPARTMENT OF STATE DIVISIONS OF CORP.

PO BOX 6327

TALLAHASSEE, FL 32314

THIS IS TO CONFIRM THAT I DID NOT RECEIVE ANY NOTIFICATION IN 2006.

I THEREFORE AM REQUESTING A WAIVER OF ADDITIONAL FEES.

YOUR RECORDS INDICATE CASHING MY CHECKS TOTALLING \$450.

I THANK YOU IN ADVANCE FOR YOUR ASSISTANCE IN THIS MATTTTER.

REGARDS,



JANINE NEWMARK

president & director