

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 13 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04 000080663

1. Corporation Name

Shane's Pool Services, Inc.

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

11280 - 102ND LANE NORTH

3. Mailing Office Address

11280 - 102ND LANE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33733

Country

Zip

33733

Country

REINSTATEMENT
CR2E084 (7/07) 05307

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

14-1908472

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

DONALD R COLLINS

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

32 - 21ST STREET NORTH

Suite, Apt. #, Etc.

City

ST PETERSBURG, FL

State

FL

Zip Code

33712

☐ 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

Donald R. Collins

REGISTERED AGENT MUST SIGN

Date July 3, 2007

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, T	SHANE DUNAWAY	11280 - 102ND LANE NORTH	LARGO, FL 33733
VP, S	SHANE DUNAWAY	11280 - 102ND LANE NORTH	LARGO, FL 33733

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07/13/07--01057--010 **1050.00

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:

Shane Dunaway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-3-07 410-7366

Daytime Phone #

727