

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000141612

1. Corporation Name

COAST TO COAST POOL SERVICE INC.

2. Principal Office Address

1456 GALLINULE DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

Zip
33444

Country
PALM BEACH

Zip

Country

REINSTATEMENT 0506

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 10/14/2004

5. FEI Number
20-1740144

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
KEITH D KERN ESQ.

Street Address (P.O. Box Number is Not Acceptable)
50 SE FOURTH AVE

Suite, Apt. #, Etc.

City
DELRAY BEACH

State
FL

Zip Code
33444

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 11/21/06

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	MICHAEL LAYMON	1456 GALLINULE DR	DELRAY BEACH, FL 33444
			700092214377 12/01/06--01056--011 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/06
Date

5612725669
Daytime Phone #

To whom it may concern,

I did not receive notice in 2005
and would like my reinstatement
fee waived.

Thank you
Mike Fay