

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 26 AM 11:46

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

900103199209
05/24/07--01027--021 **450.00

DOCUMENT #

W07-17059

1. Corporation Name

P04000146520

AQUATECH POOL MAINTENANCE, INC.

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

21709 DOLPHIN AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH

City & State

Zip
FL

Country
32413

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2004

5. FEI Number

20-1817484

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
JOSEPH L STUMPF

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

21709 DOLPHIN AVE

Suite, Apt. #, Etc.

City
PANAMA CITY BEACH

State
FL

Zip Code
32413

☒ 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

Joseph L. Stumpf

REGISTERED AGENT MUST SIGN

Date **4-2-07**

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, S	JOSEPH L STUMPF	21709 DOLPHIN AVE	Panama City Beach, FL 32413

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:

Joseph L. Stumpf Joseph L. Stumpf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07

Date

850-233-7441

Daytime Phone #