

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000010101

**FILED**  
**Nov 02, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL POOLS OF THE NATURE COAST, INC.

**Current Principal Place of Business:**

2315 N HWY 41  
INVERNESS, FL 34453

**New Principal Place of Business:**

206 NE HWY. 19  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

2315 N HWY 41  
INVERNESS, FL 34453

**New Mailing Address:**

206 NE HWY. 19  
CRYSTAL RIVER, FL 34429

**FEI Number:** 20-2103291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUGGS, RICK A  
502 TURNER CAMP ROAD  
INVERNESS, FL 34450 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BENN POLLARD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: SUGGS, RICK A  
Address: 206 NE HWY. 19  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VS  
Name: POLLARD, BEN  
Address: 206 NE HWY. 19  
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BENN POLLARD

VP

11/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date