

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05000130716**

1. Corporation Name

NO PROBLEM POOL SERVICE INC

2. Principal Office Address - No P.O. Box #
17677 60TH LANE NORTH

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LOXAHATCHEE FL

City & State

Zip
33470

Country
US

Zip

Country

7. Name and Address of Current Registered Agent

Name
MARK A GARNER

Street Address (P.O. Box Number is Not Acceptable)
17677 60TH LANE NORTH

Suite, Apt. #, Etc.

City
LOXAHATCHEE

State
FL

Zip Code
33470

REINSTATEMENT
CR2E081 (1/07)

2007

4. Date Incorporated or Qualified To Do Business in Florida
09/22/2005

5. FEI Number
20-4109160

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-24-07**

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	MARK A GARNER	17677 60TH LANE NORTH	LOXAHATCHEE FL 33470

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-07 517 612-3391

FILED

07 OCT 26 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800111402198
10/26/07--01058--022 **150.00

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

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CRCOOPER@CRCCPA.COM

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October 17, 2007

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Taxpayer: NO PROBLEM POOL INC
Document #: P98000015693
FEIN #: 65-0889435
Tax Form: UBR
Tax Period: 2007

To Whom It May Concern:

We have enclosed check # 1349 in the amount of \$150.00 for the 2007 Annual Renewal of the above corporation.

Please abate the penalty as Mr. Garner did not receive the original UBR, and did not intentionally avoid the filing fee. Mr. Garner is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

In

IRS CIRCULAR 230 DISCLAIMER: TO ENSURE COMPLIANCE WITH REQUIREMENTS IMPOSED BY THE IRS, WE INFORM YOU THAT ANY U.S. TAX ADVICE CONTAINED IN THIS COMMUNICATION (INCLUDING ATTACHMENTS), UNLESS OTHERWISE SPECIFICALLY STATED, WAS NOT WRITTEN TO BE USED AND CANNOT BE USED FOR THE PURPOSE OF (1) AVOIDING ANY PENALTIES UNDER THE INTERNAL REVENUE CODE OR (2) PROMOTING, MARKETING OR RECOMMENDING TO ANOTHER PARTY ANY TAX-RELATED MATTERS ADDRESSED HEREIN.