

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1 P06000023072**

1. Corporation Name

**Commercial Pool
Services of Central Florida Inc.**

W09-6677

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

460 E Maine Ave

Suite, Apt. #, etc.

3. Mailing Office Address

460 E Maine Ave

Suite, Apt. #, etc.

City & State

Longwood FL

Zip

32750

Country

USA

City & State

Longwood FL

Zip

32750

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-15-2006

5. FEI Number

20-2809768

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

Theresa Corum

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

820 Lake Kathryn Circle

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

☐ 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

Theresa Corum

Date **2-1-09**

REGISTERED AGENT MUST SIGN

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	Theresa Cross	460 E Maine Ave	Longwood FL 32750
VPres	Tom Cross	460 E Maine Ave	Longwood FL 32750

REINSTATEMENT

100143238011
02/10/09--01006--010 **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

Theresa Cross

Date

2-1-09

Daytime Phone #

321)279-3725

AG 20F2

February 4, 2009

Florida Department of State
Secretary of State
Division of Corporations

Re: Commercial Pool Cleaning Services of Central Florida

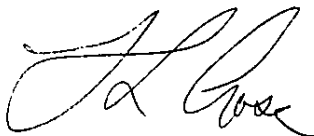
To Whom It May Concern:

I respectfully submit the enclosed re-instatement form along with a check in the amount of \$300.00 for the years 2007 and 2008 regarding Commercial Pool Cleaning Services of Central Florida.

I did not receive the notifications for re-instatement.

Thank you in advance for your attention in the matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Theresa Cross', with a stylized, cursive script.

Theresa Cross

Enclosures.