

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -5 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000094461

1. Corporation Name

Johnston & Johnston Better Pools, Inc.

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

4222 Log Lake Rd.

Suite, Apt. #, etc.

City & State

Crestview

Zip

32564

Country

Okaloosa

3. Mailing Office Address

Post Office Box 14

Suite, Apt. #, etc.

City & State

Crestview

Zip

32536

Country

Okaloosa

000168107150
02/05/10--01035--017 **600.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2006

5. FEI Number

20-5191259

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

Robert D. Johnston

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

4222 Log Lake Rd.

Suite, Apt. #, Etc.

City

Holt

State

FL

Zip Code

32564

☒ 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

Robert D. Johnston
REGISTERED AGENT MUST SIGN

Date 1/18/2010

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 |
|--------|--------------------------------------|---|--------------------|
| PD | Robert D. Johnston | Route 3, Box 442 | Ava, MO 65608 |
| VPD | Mary K. Johnston | Route 3, Box 442 | Ava, MO 65608 |
| STD | Timothy Johnston | 4534 Belgium Run | Holt, FL 32564 |
| | | | |
| | | | |

REINSTATEMENT

RH

10. E-mail Address: betterpools@embarqmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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: *Robert D. Johnston* Robert D. Johnston

1/18/2010 (850) 537-7249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #