

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR 27 AM 9:45

DOCUMENT # P06000123056

1. Corporation Name P J'S Spas and Pools Inc.

700152804187  
04/27/09--01032--010 \*\*750.00

**REINSTATEMENT** (208) 07-09K5

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

12304 Four Oaks Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

12304 Four Oaks Rd.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

USA

Zip

33624

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct. 1, 2006

5. FEI Number

205615680

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

Paul O. Smith, Jr.

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

12304 Four Oaks Rd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

☒ 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

Paul O. Smith, Jr.

REGISTERED AGENT MUST SIGN

Date 4/23/09

**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.	Paul O. Smith, Jr.	12304 Four Oaks Rd.	Tampa, FL 33624
V.P.	Margaret C. Smith	12304 Four Oaks Rd.	Tampa, FL 33624

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: Margaret C. Smith / Margaret C. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/09

Date

(813)  
294-9740

Daytime Phone #