

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000007165

1. Corporation Name

HOLLYWOOD POOL AND SPA, INC.

REINSTATEMENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB - 1 AM 6:36

FILED

2. Principal Office Address - No P.O. Box #
2209 SE 2nd Terrace

Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip Country
33990 USA

3. Mailing Office Address
2209 SE 2nd Terrace

Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip Country
33990 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2007

5. FEI Number

208253031

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Scott Noe

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

Suite, Apt. #, Etc.

2209 SE 2nd Terrace

City

Cape Coral

State

FL

Zip Code

33990

100281665501
02/01/16-01025-029 **1808.75

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

David Scott Noe

Date **January 28, 2016**

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
PVTS	David Scott Noe	2209 SE 2nd Terrace	Cape Coral, FL 33990

FEB 04 2016

C. CARROTHERS

10. E-mail Address: **screenworksswfl@aol.com** (main) and **hollywoodpools@aol.com** (alternate)

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

David Scott Noe

Jan 28, 2016

2530-218-3283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #