

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAR 13 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000008559

1. Corporation Name  
**CORNERSTONE POOLS & SPAS CORP.**

Principal Place of Business	Mailing Address
2550 Palm Bay RD NE Suite 214 Palm Bay, FL 32905	2550 Palm Bay RD NE Suite 214 Palm Bay, FL 32905

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Jan 28, 1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3173999	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ANTHONY CATALANO	2550 Palm Bay RD NE Suite 214	Palm Bay, FL 32905
S	NANCY CATALANO	2550 Palm Bay RD NE Suite 214	Palm Bay, FL 32905

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\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT**

97-98

SL 3-13-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Dianne Billington**  
American Law Center  
1360 Sarno Rde  
Suite A  
Melbourne, FL 32935

Name  
**ANTHONY M. CATALANO**  
Street Address (P.O. Box Number is Not Acceptable)  
**2550 PALM BAY RD NE**  
Suite, Apt. #, Etc.  
**SUITE 214**  
City  
**PALM BAY** State  
**FL** Zip Code  
**32905**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Anthony Catalano*  
REGISTERED AGENT MUST SIGN

Date **3-12-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Anthony Catalano* **ANTHONY CATALANO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-98** **407-952-7000**  
Date Daytime Phone #

CR2E040 (1/98)