

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 DEC 15 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000053532

1. Corporation Name

FIRST CHOICE POOLS AND SPAS, INC.

Principal Place of Business

17403 N. ROME  
TAMPA, FL 33604

Mailing Address

P.O. BOX 21505  
TAMPA, FL 33622

600002375246--6  
-12/17/97--D1085--009  
\*\*\*1087.75 \*\*\*1087.75

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 30, 1993

5. FEI Number

59-3204777

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PRESIDENT	JACK C. MERRELL JR	2313 W. MARQUETT AVE	TAMPA FL 33604
V-PRES	LONNIE HARVEY	1011 ORANGEWALK DR	BRANDON, FL 33511
SEC	DEBORAH HARVEY	1011 ORANGEWALK DR	BRANDON, FL 33511

REINSTATEMENT

Q. Alan  
95-97

8. Name and Address of Current Registered Agent

LONNIE HARVEY  
1011 ORANGEWALK DR,  
BRANDON, FL 33511

9. Name and Address of New Registered Agent

Name  
LONNIE HARVEY  
Street Address (P.O. Box Number is Not Acceptable)  
1011 ORANGEWALK DR  
Suite, Apt. #, Etc.  
BRANDON  
City

State  
FL

Zip Code  
33511

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/10/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/97 813-628-4488  
Daytime Phone #

CR2000 (2-96)