

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 31 AM 8:43

HC 113

DOCUMENT # **P94000004698**

1. Corporation Name

ADVANCED POOL DESIGN OF NAPLES, INC.

Principal Place of Business

1013 OAK FOREST DR.
NAPLES FL 33942
US

Mailing Address

7231 RADIO RD.
#522
NAPLES FL 33942
US

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

01/07/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0462101

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>KT</i>	LANETTE K THRELKELD	654 SQUIRE CIRCLE #101	NAPLES, FL 34104

600002336406-4
-11/03/97--01107--017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

THRELKELD, MICHAEL B
1013 OAK FOREST DR.
NAPLES FL 33942

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Michael B. Threlkeld
REGISTERED AGENT MUST SIGN

Date 10-27-97

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:

LANETTE K. THRELKELD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANETTE K. THRELKELD

Date

Daytime Phone #

10/27/97 (941) 352-4544

CR2E040 (8/97)