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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # P94000015758

1. Corporation Name Econo Pool Service, Inc.

2. Principal Office Address

6119 Memorial Hwy
Suite, Apt. #, etc. #4

3. Mailing Office Address

PO Box 262593
Suite, Apt. #, etc.

City & State

Tampa

City & State

Tampa, FL

Zip

33615

Country

USA

Zip

33685

Country

USA

REINSTATEMENT 99-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/94

5. FEI Number

59-3245454

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

Jeffrey Craig Moore

500030063635

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

6119 Memorial Hwy #23/99 90007

Suite, Apt. #, Etc.

#4

City

Tampa

State

FL

Zip Code

33615

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

Jeff C Moore
REGISTERED AGENT MUST SIGN

Date

2/10/04

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
President	Jeffrey C. Moore	6119 Memorial Hwy #4	Tampa, FL 33615

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 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:

Jeff C Moore Jeffrey C. Moore

Date

2/10/04

Daytime Phone #

(813) 731-7266

CR2E081 (10/02)

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ECONO POOL SERVICE, INC.
PO BOX 262593
TAMPA, FL. 33685
(813) 931-2749
(813) 731-7266
DOCUMENT # P94000015758

TO WHOM IT MAY CONCERN:

I, JEFFREY C. MOORE, PRESIDENT OF ECONO POOL SERVICE, INC. AND SOLE OWNER, AM ASKING THE DIVISION OF CORPORATIONS TO WAIVE OR REDUCE THE REINSTATEMENT FEE OR FINE OF MY CORPORATION. UNTIL RECENT INQUIRY OF THE STATUS OF MY CORPORATION, I DID NOT KNOW IT WAS DISSOLVED. MY SPOUSE AND I HANDLED THE DISBURSEMENTS OF PAYABLES, MORE SHE THAN I. WE HAVE BEEN SEPARATED AND EVENTUALLY DIVORCED OVER THE PAST 2 YEARS. I ASSUMED PAYMENTS WERE MADE AND HAVE NOT RECEIVED INFORMATION THAT THEY WERE NOT PAID. NOW UNDER REORGANIZATION OF MY BUSINESS STATUS, I AM UNDER FINANCIAL BURDEN. I WOULD GREATLY APPRECIATE IF MY FINE COULD BE REDUCED TO GET MY BUSINESS FINANCIALLY BACK ON TRACK.

THANK YOU, SINCERELY
JEFFREY C. MOORE
PRESIDENT

Jeff C Moore

3/9/04