

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 AUG -3 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000054321

1. Corporation Name

ORANGEWOOD POOLS INCORPORATED

2. Principal Office Address

505 U.S. Hwy 27 N.

Suite, Apt. #, etc.

City & State

AVON PARK, FL

Zip

33825

Country

HIGHLANDS

3. Mailing Office Address

PO Box 937

Suite, Apt. #, etc.

City & State

AVON PARK FL

Zip

33825

Country

HIGHLANDS

4. Date Incorporated or Qualified
To Do Business in Florida

7/21/1994

5. FEI Number

65-0498388

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

RICHARD A. HAYES

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

2080 GASTOR RD

Suite, Apt. #, Etc.

City

AVON PARK

State

FL

Zip Code

33825

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 08-01-2000

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	000003369872--3
			-08/23/00--01082--011 City/State/Zip *****900.00 *****900.00
P	HAYES RICHARD A	2080 GASTOR RD	AVON PARK FL 33825
U	GARY T. VANT, Iburg	2302 LASSO LN	LAKELAND FL 33801
S	HOWARD D. SANDERFORD	PO Box 1214	LEHIGH FL 33970

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD A. HAYES

08-01-00

Date

1-863-452-6400

Daytime Phone #