

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # *P95008000630*

PALACE POOLS, INC

Mailing Address (SAME)

Business Mailing Address (SAME)
394 PARBU POINT DR
JACKSONVILLE FL 32225-3273

1-1-95

59 3295503

6. **CERTIFICATE OF STATUS DESIRED**

P MICHAEL A. PALUSZYNSKI

3 (Do NOT Use Post Office Box Numbers)
394 PARLO Point SL

4
JACKSONVILLE, FL 32225

V Kay C. PAWUSZYNSKI

394 PARLO Point 81

Jacksonville FL 32225

REINSTATEMENT

97-98

98
54 9-28-98

800002654798--6
-10/02/98--01094--013
***1050.00 ***1050.00

A A WEST

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

2243 FLORIDA Blvd

Suite, Apt. #, Etc.

City

~~NEPTUNE BEACH~~

State

Zip Code	
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FL

322 每箱

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

~~REGISTERED AGENT MUST SIGN~~

Date _____

9/11/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Dating Phone #

(851) 0703724