

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95-000000630

1. Corporation Name

Palace Pools INC

2. Principal Office Address

11655 Central Parkway #313

Suite, Apt. #, etc.

313

City & State

Jax. FL

Zip

32224

Country

USA

3. Mailing Office Address

11655 Central Parkway

Suite, Apt. #, etc.

Suite 313

City & State

Jax. FL

Zip

32224

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/1/95

5. FEI Number

59-3295503

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

Kay Paluszynski

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

394 Pablo Point Dr

Suite, Apt. #, Etc.

City

Jax. FL

State

FL

Zip Code

32225

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

Kay Paluszynski

REGISTERED AGENT MUST SIGN

Date

1/23/02

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
Pres	<u>Michael Paluszynski</u>	<u>394 Pablo Point Dr</u>	<u>Jax. FL 32225</u>
V. Pres	<u>Kay Paluszynski</u>	<u>394 Pablo Point Dr</u>	<u>Jax. FL 32225</u>

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:

Kay Paluszynski Kay Paluszynski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/02

Daytime Phone #

904-998-1811

CR2E081 (8/01)

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