

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 22 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024870

1. Corporation Name

GOLL'S POOLS, INC.

2. Principal Office Address

3090 GULF BREEZE PKY

Suite, Apt. #, etc.

3. Mailing Office Address

3090 GULF BREEZE PKY

Suite, Apt. #, etc.

City & State

GULF BREEZE, FLORIDA

Zip

32561

Country

USA

City & State

GULF BREEZE, FLORIDA

Zip

32561

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03-27-95

5. FEI Number

59-3306071

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

EARL GOLL

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

3090 GULF BREEZE PKY

Suite, Apt. #, Etc.

City

GULF BREEZE

State

FL

Zip Code

32561

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

Earl Goll

Date 12-18-00

REGISTERED AGENT MUST SIGN

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
P	EARL GOLL	3090 GULF BREEZE PKY	GULF BREEZE, FL 32561
V	ZETTIE GOLL	3090 GULF BREEZE PKY	GULF BREEZE, FL 32561
S	BRETT GOLL	3090 GULF BREEZE PKY	GULF BREEZE, FL 32561

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:

Earl Goll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-00

Daytime Phone #

(850) 932-7902