

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 18 PM 12:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # pas000047729
1 Corporation Name
Swimcraft Pools, Inc.

Principal Place of Business Mailing Address
1992 Kingsley Ave. → same
Orange Park, FL 32073

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable N/A
Suite, Apt. #, etc.
City & State
Zip Country

3 New Mailing Address, If Applicable N/A
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4 Date Incorporated or Qualified To Do Business in Florida Sept. 1995

5 FEI Number 59-3331278
Applied For Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/Dir	Joe M. Holder	1992 Kingsley Ave.	Orange Park, FL 32073
Str-Dir	Debbi Holder	1992 Kingsley Ave.	Orange Park, FL 32073

000002033520--4
-12/19/96--01032--009
****375.00 ****375.00

8. Name and Address of Current Registered Agent

Wayne D. Clance
4751 San Juan Ave., Suite 2
Jacksonville, FL 32210

9. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 [Signature] Date 12-3-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 817, 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 817.0401, F.S., and that all fees owed by the corporation have been paid. 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] Joe M. Holder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-3-96 (Daytime Phone # (904) 272-7946)

CR22049 (12/95)