

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Worham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000058430**

1. Corporation Name

WINDSOR POOL SERVICING, CORP.

Principal Place of Business

1313 S. MILITARY DR.
P.O. 134
DEERFIELD BEACH FL 33442

Mailing Address

1313 S. MILITARY DR.
P.O. 134
DEERFIELD BEACH FL 33442

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

1108 NW. 50TH DR.
Suite, Apt. #, etc.

POMPANO BEACH, FLORIDA
City & State

Zip

33064

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1995

5. FEI Number

65-0611204

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SMELT, TONY	1108 N.W. 50TH DR.	POMPANO BEACH FL 33064

8. Name and Address of Current Registered Agent

SMELT, TONY
1108 N.W. 50TH DR.
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

THE REGISTERED AGENT MUST SIGN

Date 12-10-97

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

TONY SMELT

12-10-97

Date

954-481-8247

Daytime Phone #

(2)

Windsor Pool Servicing Corp.

1313, S. MILITARY TRAIL #134
DEERFIELD BEACH, FL. 33442
PHONE: 954-421-5661
BEEPER: 363-5032

December 11th. 1997.

STATE OF FLORIDA DEPARTMENT OF STATE

WITH REFERENCE TO DOCUMENT NUMBER: P95000058430

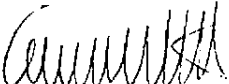
TO WHOM IT MAY CONCERN:

I recently received a notice of dissolution from your office. It is the only piece of correspondence I have recieved from you this year.

Due to this fact, I respectfully request that you waive the re-enstatement fee and please accept the original filing fee of \$165.00, which is enclosed.

Please note that I have changed the mailing address (sect. 3), in order to avoid such a situation occurring in the future.

Sincerely,



Tony Smelt
Windsor Pool Servicing Corporation

