

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 -2 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000077502**  
1. Corporation Name  
**AMBIANCE POOL SERVICE, INC.**

Principal Place of Business Mailing Address  
[Redacted]



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

2. New Principal Office Address, If Applicable: **228 N.E. 3rd ST**  
Suite, Apt. #, etc.  
City & State: **CRYSTAL RIVER FL**  
3. New Mailing Office Address, If Applicable: **P. O. Box 519**  
City & State: **Crystal River, FL 34423-0519**  
4. Date Incorporated or Qualified To Do Business In Florida: **10/10/1995**  
FEI Number: **59-3330784**  
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
D	IRIZARRY, MARCIAL	3930 E. LAGUNA LOOP	HERNANDO FL 34442
D	IRIZARRY, LENORAH R	3930 E. LAGUNA LOOP	HERNANDO FL 34442
			200002020322--8 -12/05/96--01008--007 ***200.00 ***200.00
			312-2-96

8. Name and Address of Current Registered Agent: [Redacted]

9. Name and Address of New Registered Agent:  
Name: **LENORAH IRIZARRY**  
Street Address (P.O. Box Number is Not Acceptable): **228 N.E. 3rd. ST**  
Suite, Apt. #, Etc.:  
City: **CRYSTAL RIVER** State: **FL** Zip Code: **34428**

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: **9/19/96**  
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 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]** SECRETREAS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LENORAH IRIZARRY** Date: **9/19/96** Daytime Phone #: **391-637 4777**

CRE2040 (7/96)

**THE BOOKKEEPER  
& ASSOCIATES, INC.**

*"THE BUSINESSMAN'S HELPING HAND"*

September 19, 1996

Subject: attached annual corporate report

Lori,

If this report had been filed on time (May), the annual fee is \$200. To reinstate will cost \$375 - they are charging you late fee and reinstatement fee.

The attached copy of page one of the original Art. of Incorporation proves that the Sec. of State had the correct mailing address from the get-go! They have a copy of these articles in their files to prove you are right. If you want to press the point, you can probably get them to waive these extra fees by proving their mistake. I recommend that you try!

We received this note from our previous accountant.

Please let us know whether we will have to pay \$375<sup>00</sup> or \$200<sup>00</sup>.

Thank you for your assistance.

Lori J. Gandy  
Secy Treas.