

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 15 AM 11:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000001205

1. Corporation Name

POOL SOLUTION AND SUPPLY, INC.

Principal Place of Business

711 BARTHOLOMEW WAY
LONGWOOD FL 32750

Mailing Address

711 BARTHOLOMEW WAY
LONGWOOD FL 32750



REINSTATEMENT 0-07

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1996

5. FEI Number

59-3513828

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	CORUM, ROBERT M	711 BARTHOLOMEW WAY	LONGWOOD FL 32750
			200024949932 12/23/03--01033--005 **150.00
			200024949932 11/24/03--01021--002 **450.00

8. Name and Address of Current Registered Agent

MASSEY, GARY E
112 WEST CITRUS STREET
ALTAMONTE SPRINGS FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/3/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 12

Date

407 466-5472

Daytime Phone #

CR2E040 (8/00)

PO Box 1843
Longwood, Florida 32752
407/865-7000

Pool Solution and Supply, Inc.

November 19, 2003

Florida Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Pool Solution and Supply, Inc

Federal ID# 59-351-3828

Dear Sir or Madam:

Enclosed you will find our check for \$450.00. We ask that you please re-instate our Florida Corporation. We were unaware that the corporation had dissolved. Our attorney had requested all the paperwork directed to his office, he was responsible for all annual fees necessary to keep our corporation active. His office did not receive the annual renewal forms.

Please accept our most sincere apology for any inconvenience this may have caused. From this point forward, we will see that all required paperwork fees are current.

Thank you in advance for your consideration in this matter.

Sincerely,



Robert M. Corum
Pool Solution & Supply, Inc.