

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016327

1. Corporation Name

Carroll Pool Services, Inc.

2. Principal Office Address - No P.O. Box #

132 Lakeside Dr.

Suite, Apt. #, etc.

City & State

Oldsmar, Fl.

Zip

34677

Country

U.S.A.

3. Mailing Office Address

132 Lakeside Dr.

Suite, Apt. #, etc.

City & State

Oldsmar, Fl.

Zip

34677

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Les Carroll

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

132 Lakeside Dr.

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59-3428163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 1/3/08

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	Les Carroll	132 Lakeside Dr.	Oldsmar, Fl. 34677

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 contained in Chapter 119, 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

1/3/08

Date

727-781-5656

Daytime Phone #

FILED

03 JAN -8 AM 10:51

RECEIVED
TALLAHASSEE, FLORIDA

100114243211
01/08/08--01005--013 **750.00

REINSTATEMENT

04-08