

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **996000021643**

1. Corporation Name
Ocean Breeze Pools, Inc.

Principal Place of Business Mailing Address

**40 Hemlock Terr
Ocala FL 34472**

**40 Hemlock Terr
Ocala FL
34472**

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

2. New Principal Office Address, If Applicable
40 Hemlock Terr

3. New Mailing Office Address, If Applicable
40 Hemlock Terr

Suite, Apt. #, etc.

City & State
Ocala FL

City & State
Ocala FL

Zip
34472

Country
USA

Zip
34472

Country
USA

FILED

98 JUN 29 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200002577982--6
-07/01/98--01086--001
****900.00 ****900.00

4. Date Incorporated or Qualified To Do Business in Florida
March 7, 1996

5. FEI Number
39-3370354

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	Krystie Ann Harward	40 Hemlock Terr	Ocala FL 34472
VP	William Lester Harward JR	40 Hemlock Terr	Ocala FL 34472

REINSTATEMENT 97-98 6/29/98

8. Name and Address of Current Registered Agent

**Krystie Ann Harward
William Lester Harward JR
40 Hemlock Terr
Ocala FL 34472**

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 **Krystie Ann Harward** Date **6-5-98**

REGISTERED AGENT MUST SIGN

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: **Krystie Ann Harward** 6-5-98 352-680-1335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1-98)