

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021643
1. Corporation Name
Ocean Breeze Pools, Inc.

FILED
03 NOV 10 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

40 Hemlock Tree
Suite, Apt. #, etc.
Ocala

City & State
Ocala FL

Zip Country
34472 US

3. Mailing Office Address

40 Hemlock Tree
Suite, Apt. #, etc.
Ocala FL

City & State
Ocala FL

Zip Country
34472 US

REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

May 14, 1996

5. FEI Number

593370354

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Krystie Ann Harward

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

40 Hemlock Tree

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code

34472

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

Krystie Harward
REGISTERED AGENT MUST SIGN

Date

11-6-03

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
President	Krystie Harward	40 Hemlock Tree	Ocala FL 34472
Vice President	William Harward JR	40 Hemlock Tree	Ocala FL 34472

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 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 Harward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-03

Date

352-680-1335

Daytime Phone #

Krystie Harward