

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 31 AM 10:20

DOCUMENT # P96000033217

1. Corporation Name

FLORIDA SWIMMING POOL CONSULTANTS AND SERVICES,
INC.

Principal Place of Business

Mailing Address

8744 WEST LONGACRE DRIVE
MIRAMAR FL 33025
US

P.O BOX 4676
W HOLLYWOOD FL 33083
US



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

2. New Principal Office Address, If Applicable

13421 S.W. 4ST

3. New Mailing Office Address, If Applicable

P.O. Box 4676

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE, FLA.

W. HOLLYWOOD, FLA.

Zip

Country

Zip

Country

33325

BROWARD

33083

BROWARD

REINSTATEMENT 99 00

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1996

5. FEI Number

65-0659929

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	4 City / State / Zip
P.D. President	BRODERICK, BRENDA	8744 WEST LONGACRE DRIVE 13421 S.W. 4ST	MIRAMAR FL 33025 DAVIE, FLA. 33325
D	Michael Broderick	5821 S.W. 15ST	PLANTATION, FLA. 33317
			500003290995--9 -06/15/00--01057--004 ***900.00 ***900.00
			10/19

8. Name and Address of Current Registered Agent

BRODERICK, BRENDA
8744 WEST LONGACRE DRIVE
MIRAMAR FL 33025

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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
Brenda Broderick

REGISTERED AGENT MUST SIGN

Date 10-13-99

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
Brenda Broderick (President) 10-13-99 (954) 270-8875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 (040 (9/99)