

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 APR -1 PM 12:08

DOCUMENT # **796006047399**

1. Corporation Name

**Resort Pool Services, Inc.**

2. Principal Office Address

**10929 Crescent Lk Ct**

Suite, Apt. #, etc.

City & State

**Clermont FL**

Zip

**34711**

Country

**Lake**

3. Mailing Office Address

**10929 Crescent Lk. Ct**

Suite, Apt. #, etc.

City & State

**Clermont FL**

Zip

**34711**

Country

**Lake**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/29/94**

5. FEI Number

**59-3390559**

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

**Roger E Craig**

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

**10929 Crescent Lk Ct**

Suite, Apt. #, Etc.

City

**Clermont**

State

**FL**

Zip Code

**34711**

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

**4/1/04**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres   | Roger Craig                          | 10929 Crescent Lk Ct                              | Clermont FL 34711  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/04**  
Date

**321-689-6200**  
Daytime Phone #

CR2E081 (9/01)

4/1/04

To Whom it may concern

I did not receive my reinstatement papers for my Corporation (Resort Pool Services) for the year 2003. I did not receive first or second notice.

Thank you



Roger E. Craig