

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051550

1. Corporation Name

PEGASUS POOL AND SPA, INC.

Principal Place of Business

Mailing Address

10463 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411
US

10463 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411
US

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

2. New Principal Office Address, If Applicable

5042 Seminole Pratt Whitney
Suite, Apt. #, etc.

Loxahatchee, FL

City & State
33470 Palm Beach

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1996

5. FEI Number

65-0669513

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MCCARTHY, CHERYL	182 DOVE CIRCLE	ROYAL PALM BEACH FL 33411
VP	KUSAS, CHARLES A.	1822 SEWARD ST	ROYAL PALM BEACH FL 33411
T	SLATER, RICHARD	182 DOVE CIRCLE	ROYAL PALM BEACH FL 33411
VP	Eric Slater	182 Dove circle	RRB, FL
			800008637638
			10/28/02--01128--012 **600.00

8. Name and Address of Current Registered Agent

MCCARTHY, CHERYL
10463 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411

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. or 617.0505, F.S.

Signature
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-20-02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-02 (SA) 798 6612

032E040 (8/02)