

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

99 MAY 17 PM 3:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000081116**

1. Corporation Name

Pool Coatings, INC. *WPA-0528*

Principal Place of Business

Mailing Address

**186 Hemming Way
Boynton Beach, FL 33426**

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

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/96

5. FEI Number

65-0698536

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	Robert Colavito	186 Hemming Way	Boynton Beach / FL / 33426
VP	ARSAN ALIYAS	184 Hemming Way	Boynton Beach / FL / 33426

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-06/02/99--01077--021
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

~~Robert Colavito
186 Hemming Way
Boynton Beach, FL 33426~~

9. Name and Address of New Registered Agent

Name **Robert Colavito**
Street Address (P.O. Box Number is Not Acceptable)
186 Hemming Way
Suite, Apt. #, Etc.
City **Boynton Beach** State **FL** Zip Code **33426**

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

Robert Colavito
REGISTERED AGENT MUST SIGN Date **3/8/99**

11. This corporation owes 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)(ii), 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:

Robert Colavito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/8/99** (561) 740-1795
Daytime Phone #

CR2087 (2-98)