

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000094802**

1. Corporation Name

**ABSOLUTELY FABULOUS POOL AND GARDEN, INC.**

Principal Place of Business

1075 DUVAL STREET  
UNIT C21, SUITE 214  
KEY WEST FL 33041

Mailing Address

1075 DUVAL STREET  
UNIT C21, SUITE 214  
KEY WEST FL 33041

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

15-0760693

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
D	HERRICK, D.F.	313 WILLIAMS STREET	KEY WEST FL 33040
<del>D</del>	<del>PALMER, GORDON (FABELO)</del>	<del>1403 PINE STREET</del>	<del>KEY WEST FL 33040</del>
D	Iris Fabelo	1403 Pine St	Key West, FL 33040
PD	EDWARDS, ROBERT A	1075 DUVAL STREET, UNIT C21, SUI	KEY WEST FL 33041
			100002368671--9
			-12/10/97--01106--014
			****750.00 ****750.00

**REINSTATEMENT**

(97)  
A. Adams  
12/5/97

8. Name and Address of Current Registered Agent

EDWARDS, ROBERT A  
1075 DUVAL STREET  
UNIT C21, SUITE 214  
KEY WEST FL 33041

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

Robert A. Edwards  
REGISTERED AGENT MUST SIGN

Date

10/28/97

11. This corporation owes or has paid 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)(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:

Robert A. Edwards  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/97 305.

Daytime Phone #

CR2040 (8/97)