

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**97 OCT 30 PM 3: 21**  
*HC 10/30*

**DOCUMENT # P96000100576**

1. Corporation Name  
**Cox Pools Supply, Inc.**  
 P.O. Box 18178  
 Panama City Beach, Florida 32417

Principal Place of Business Mailing Address  
**12216 Panama City Beach Parkway P.O. Box 18178**  
**Panama City Beach, FL 32407 Panama City Beach, FL 32417**

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

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **12/06/96**

5. FEI Number **59-3381477** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

**REINSTATEMENT** *gr*

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
<del>Pres/ Dirtr</del>	<del>Richard L. Cox, Jr.</del>	<del>1024 Cox Grade Road</del>	<del>Panama City Beach, FL 32407</del>

**100002341761--0**  
**-11/07/97--01086--006**  
**\*\*\*\*750.00 \*\*\*\*750.00**

8. Name and Address of Current Registered Agent

**Diane C. Hare, C.P.A.**  
 3003 South Highway 77, Suite A  
 Lynn Haven, Florida 32444

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.

Signature of Registered Agent *Diane C. Hare*  
 REGISTERED AGENT MUST SIGN

Date **10-27-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(j), 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

*[Signature]* **Richard L. Cox, Jr.** **10-27-97** **850-763-9635**  
 Date Daytime Phone #

CP2E040 (1/96)