

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000008000

1. Corporation Name

Antigua Pool Co, Inc

2. Principal Office Address

98w Broadway St.

Suite, Apt. #, etc.

City & State

Oviedo FL

Zip

32765

Country

USA

3. Mailing Office Address

98w Broadway St

Suite, Apt. #, etc.

City & State

Oviedo FL

Zip

32765

Country

800023752878

10/13/03--01078--005 **750.00

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 1997

5. FEI Number

SA-3428143

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

Andrew Scott Whiteway

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

2308 Lake Ruby Rd.

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32724

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 10-8-03

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

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

President Andrew S. Whiteway

2308 Lake Ruby Rd.

Deland FL 32724

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:

ANDREW SCOTT WHITWAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

407 977 1956

Daytime Phone #

CR2E081 (10/02)