

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99AR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P97000027691**

99 OCT 22 AM 11:34

1. Corporation Name

OUTDOOR LIVING INGROUND SPA'S AND WATER FEATURE S, INC.

Principal Place of Business

Mailing Address

**311 FAIRVIEW VISTA PT
ORLANDO FL 32804**

**311 FAIRVIEW VISTA PT
ORLANDO FL 32804**



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

2. New Principal Office Address, If Applicable

3111 N. JOHN YOUNG PKWY

3. New Mailing Office Address, If Applicable

3111 N. JOHN YOUNG PKWY

04-27-99 - 90113-018 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida

03/20/1997

5. FEI Number

89-8443808
APPLIED FOR

Applied For

Not Applicable

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32805

Country

U.S.A.

Zip

32805

Country

U.S.A.

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	4 City / State / Zip
D	MILLER, GLENN L	311 FAIRVIEW VISTA PT	ORLANDO FL 32804

10/12/99

8. Name and Address of Current Registered Agent

**MILLER, GLENN L
311 FAIRVIEW VISTA PT
ORLANDO FL 32804**

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

REGISTERED AGENT MUST SIGN

Date

10/19/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/99)