

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra S. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000043970

1. Corporation Name

SENSATIONAL POOL SERVICES, INC.

Principal Place of Business

8570 N.W. 15TH STREET  
PEMBROKE PINES FL 33024

Mailing Address

8570 N.W. 15TH STREET  
PEMBROKE PINES FL 33024

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1997

5. FEI Number

65-0746580

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	DORSCH, SEAN D	8570 N.W. 15TH STREET	PEMBROKE PINES FL 33024

100002705131--6

-12/07/98--01149--020

\*\*\*550.00 \*\*\*550.00

8. Name and Address of Current Registered Agent

DORSCH, SEAN D  
8570 N.W. 15TH STREET  
PEMBROKE PINES FL 33024

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11-17-98

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-17-98

Daytime Phone #

954

2136-4150

CR2040 (8/93)

Ag 2

Sensational Pool Service Inc.  
8570 NW 15th Street  
Pembroke Pines, Fl 33024  
(954)441-4418

11-16-98

To whom it may concern,

I was told by a representative of yours to write a letter about my corporate paper work. I sent it back after I was told it was late. Then in the following weeks I was told that you never received it and that it was gonna be \$750.00. I called and told them that I did send it back and he said to write a letter and send it in with a new check and this letter. I hope this clears up and problems with my paper work. Thank you for your response to this matter.

Sean D Dorsch

President, Sensational Pool Service Inc.