

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 SEP -4 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000098885**

1. Corporation Name

INNOVATIVE POOLS + SPAS, INC.

2. Principal Office Address

3515 6TH AVE NE

Suite, Apt. #, etc.

3. Mailing Office Address

3515 6TH AVE NE

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34120

Country

USA

Zip

34120

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1997

5. FEI Number

650795360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONALD W. MARKLEY

900004579399--0

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

3515 6TH AVE NE

09/11/01 01001-038

*****308.75 ***308.75**

Suite, Apt. #, Etc.

LS1

City

NAPLES

State
FL

Zip Code

34120

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

Donald W. Markley

Date **8-27-01**

REGISTERED AGENT MUST SIGN

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
PVST	DONALD W. MARKLEY	3515 6TH AVE NE	NAPLES, FL 34120
D	DONALD W. MARKLEY	3515 6TH AVE NE	NAPLES, FL 34120

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:

Donald W. Markley

8-27-01

941-353-5608

941-980-7713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #