

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

108  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000260

1. Corporation Name

POOLS PLUS OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

~~1805 S BROOKSMITH RD.~~ 3290 LEWIS ST.  
~~FT. PIERCE FL 34945~~ FT. PIERCE FL  
US 34981 ~~1805 S BROOKSMITH RD.~~ 3290 LEWIS ST.  
~~FT. PIERCE FL 34945~~ FT. PIERCE FL  
US 34981



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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0804311

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MARTIN, GREEN C	1805 S BROOKSMITH RD. 3290 LEWIS ST.	FT. PIERCE FL 34981

100003488451--9  
-12/05/00--01117--007  
\*\*\*\*158.75 \*\*\*\*158.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, GREEN C  
~~1805 S BROOKSMITH RD.~~ 3290 LEWIS ST.  
FT. PIERCE FL 34981  
34981

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]*

Date 10-26-00

REGISTERED AGENT MUST SIGN

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-26-00

Daytime Phone #

CR2E040 (8/00)

P98 00000260

202

**Pools Plus of the Treasure Coast, Inc.**

**3200 Lewis St. Ft. Pierce, FL 34981**

**Phone: (561) 460-5000/Fax: (561) 595-5471**

October 26, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please find enclosed a Uniform Business Report for Pools Plus of the Treasure Coast, Inc. (FEIN 65-0804311). Also enclosed is a check in the amount of \$150.00. I ask that you accept this payment, along with my apologies for the late filing, and abate the penalty amounts. Unfortunately, I have been incapacitated with a serious medical problem since early this year and was not able to tend to my business affairs. Additionally, I was unable to work and, thus, generated no income.

It is my wish to comply with all of the State's rules and regulations concerning the operation of a business, but am just now getting back to work and literally do not have the extra \$600.00 penalty amount at this time.

Please consider my request to abate penalty amounts. Thank you.

Sincerely,  
POOLS PLUS OF THE TREASURE COAST, INC.

Martin C. Green  
President