

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 24 PM 3:48

DOCUMENT # 98000016433

1. Corporation Name

Hawaiian Blue Pools, Inc.

2. Principal Office Address

5543 N. State Rd. 7

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33319

Country

USA

3. Mailing Office Address

5543 N. State Rd. 7

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33319

Country

USA

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

February 19, 1998

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 19-01

7. Name and Address of Current Registered Agent

Name

Jeremy R. Lycke

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

5543 N. State Rd. 7

Suite, Apt. #, Etc.

City

Fort Lauderdale,

State

FL

Zip Code

33319

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**

Jeremy R. Lycke
REGISTERED AGENT MUST SIGN

Date May 19, 2001

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
P D	Jeremy R. Lycke	5543 N. State Rd. 7	Ft. Lauderdale, FL 3331
-VP	Dennis Vitrey	5543 N. State Rd. 7	Ft. Lauderdale, FL 3331

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)(b), 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

5/19/01
Date

(954) 956-9550
Daytime Phone #

CR2E081 (9/00)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Hawaiian Blue Pools, Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name c/o Jeremy R. Lycke
	4a Mailing address (street address) (room, apt., or suite no.) 5543 N. State Rd. 7	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Fort Lauderdale, FL 33319	5b City, state, and ZIP code
	6 County and state where principal business is located Broward County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Jeremy R. Lycke	

8a Type of entity. (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input checked="" type="checkbox"/> Other corporation (specify) ► Pool installation & sales |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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- 9 Reason for applying (Check only one box.) (see instructions)
- | | |
|---|--|
| <input type="checkbox"/> Started new business (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input checked="" type="checkbox"/> Other (specify) ► APPLICATION NEVER SUBMITTED |

10 Date business started or acquired (month, day, year) (see instructions) February 19, 1998	11 Closing month of accounting year (see instructions) December
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural <input checked="" type="radio"/>	Agricultural <input type="radio"/>	Household <input type="radio"/>
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14 Principal activity (see instructions) ► **Pool installation and sales**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.
☒ Public (retail) ☐ Other (specify) ► ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(954) 956-9550

Fax telephone number (include area code)
(954) 956-9550

Name and title (Please type or print clearly.) ► **Jeremy R. Lycke, President**

Signature ► *Jeremy Lycke* Date ► **May 19, 2001**

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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