

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029099

1. Corporation Name

SPOTLESS POOL SERVICE, INC.

Principal Place of Business

7020 PARK ST  
HOLLYWOOD FL 33024

Mailing Address

7020 PARK ST  
HOLLYWOOD 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

7020 PARK STREET  
Hollywood, FL  
City & State  
FL

3. New Mailing Office Address, If Applicable

7020 PARK STREET  
Hollywood, FL  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

03/27/1998

5. FEI Number

65-0822121

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	MONCADA, GLORIA	7020 PARK ST	HOLLYWOOD FL 33024
V	PRIETO, HERNAN	7020 PARK ST	HOLLYWOOD FL 33024

8. Name and Address of Current Registered Agent

MONCADA, GLORIA  
1965 NE 135 ST., #305  
N. MIAMI FL 33181

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. or 617.0505, F.S.

Signature of  
Registered Agent

Hernan Prieto

REGISTERED AGENT MUST SIGN

Date

786-3676561  
10-22-02

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:

SGloria Moncada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 (954) 454-9505

CR2E040 (8/02)