



APPROVED
AND
FILED

99 DEC 30 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000033218

Corporation Name

UNBURST SWIMMING POOLS, INC.

Principal Place of Business

Mailing Address

1205 SADDLEBACK RIDGE ROAD
APOPKA FL 32703

1205 SADDLEBACK RIDGE ROAD
APOPKA FL 32703



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

New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Country

Zip

Country

32801

USA

4. Date Incorporated or Qualified To Do Business in Florida

04/10/1998

5. FEI Number

59-3503932

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	HOWARD, VINCENT B IV	1205 SADDLEBACK RIDGE ROAD	APOPKA FL 32703
SV	BURDA, MARK T C	1205 SADDLEBACK RIDGE ROAD	APOPKA FL 32703

REINSTATEMENT

700003095477--3
-01/12/00--01013--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Spiegel & Utrera, P.A.

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

Suite, Apt. #, Etc.

City Coral Gables

State / Zip Code
FL 33134

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 By: **SIGNATURE REQUIRED**

Natalya Utrera, Vice President

Date 12/30/99

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

VINCENT B. HOWARD IV President

Date

Daytime Phone #

884 7782