

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000043465

1. Corporation Name

Family Pools, Inc.

2. Principal Office Address - No P.O. Box #

873 S.W. South Macedo Blvd. same

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Zip

34983

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

FRANK RUSSO, Jr.

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

873 S.W. South Macedo Blvd.

Suite, Apt. #, Etc

City

Port St. Lucie

State

FL

Zip Code

34983

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

REGISTERED AGENT MUST SIGN

Date

9/12/19

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	FRANK RUSSO, Jr.	873 S.W. South Macedo Blvd.	Port St. Lucie, FL 34983
VP	Luanne Russo	873 S.W. South Macedo Blvd.	Port St. Lucie, FL 34983

10. E-mail Address: FRANK@familypoolsinc.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Frank Russo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-20-19 772 776 5151

2019 OCT -2 PM 4:45  
RECEIVED  
DIVISION OF CORPORATIONS

400835301334  
10/02/19--01014--002 \*\*2250.00

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5/11/98

5. FEI Number

65-0840033

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status