

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 20 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000063296**

1. Corporation Name

FAIRWAY POOLS, INC.

Principal Place of Business

118 RIO PINAR TRAIL
ORMOND BEACH FL 32174

Mailing Address

118 RIO PINAR TRAIL
ORMOND BEACH FL 32174

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

2. New Principal Office Address, If Applicable

21 UTILITY DRIVE
Suite, Apt. #, etc. SUITE D

City & State
PALM COAST, FL

Zip 32137 Country USA

3. New Mailing Office Address, If Applicable

21 UTILITY DRIVE
Suite, Apt. #, etc. SUITE D

City & State
PALM COAST, FL

Zip 32137 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1998

5. FEI Number

59-3527895

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	NETWALL, GARY	118 RIO PINAR TRAIL	ORMOND BEACH FL 32174
VD	KIMBERLEY, ROD	14 CEDARWOOD COURT	PALM COAST FL 32137
STD	GROFF, WILLIAM	661 PELICAN BAY DRIVE	DAYTONA BEACH FL 32119

8. Name and Address of Current Registered Agent

KATZ, B P ESQ
B. PAUL KATZ PROFESSIONAL CENTER
1 FLORIDA PARK DRIVE SOUTH ATRIUM SUITE
PALM COAST FL 32137

9. Name and Address of New Registered Agent

Name

GARY NETWALL

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

21 UTILITY DR

Suite, Apt. #, Etc.

SUITE D

City

PALM COAST

State

FL

Zip Code

32137

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]

REGISTERED AGENT MUST SIGN

Date

9/18/02

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/02

Date

386 445 9080

Daytime Phone #

CR2E040 (8/01)