## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

## P98000063296 DOCUMENT #

1. Corporation Name

FAIRWAY POOLS, INC.

Principal Place of Business

Mailing Address

118 RIO PINAR TRAIL

**SIGNATURE** 

118 RIO PINAR TRAIL ORMOND BEACH FL 32174

REGISTERED AGENT MUST SIGN

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accidrate, and my signature shall have the same legal effect as if made under oath.

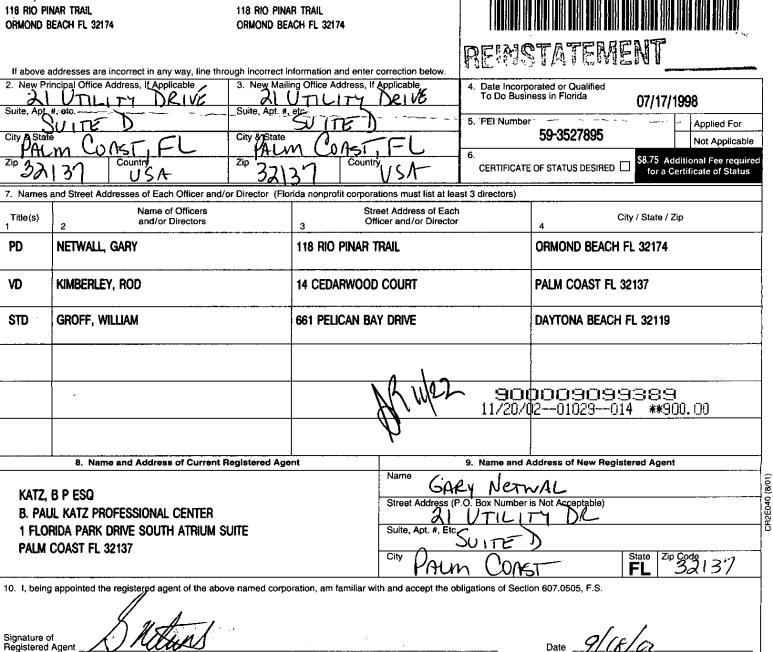
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TALLAHASSEE, FLORIDA

18/oz 386 445 9098

Daytime Phone #



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 filling 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