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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 25 AM 8:00

DOCUMENT # P98 000063348

1. Corporation Name

DARREL'S Pool Service, INC.

2. Principal Office Address

3919 SW 100th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

3919 SW 100th STREET

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32607

Country

ALACHUA

Zip

32607

Country

ALACHUA

4. Date Incorporated or Qualified
To Do Business in Florida

09/98

5. FEI Number

59-3533165

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04
MRS

7. Name and Address of Current Registered Agent

Name

DARREL A. KIRKLAND

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

3919 SW 100th STREET ST.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

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

Darrel A. Kirkland

REGISTERED AGENT MUST SIGN

Date

08/24/04

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
President	DARREL A. KIRKLAND	3919 SW 100th ST	Gainesville, FL 32607
Secretary	Julia C. Kirkland	3919 SW 100th ST	Gainesville, FL 32607

10. 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:

Darrel A. Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/24/04

Daytime Phone #

352-25-584

CR2E081 (01/04)

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Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

08/24/04

Re: Darrel's Pool Service, INC. Reinstatement

To Whom it may concern:

This letter is to request that the reinstatement penalty be waived for reactivating my corporation. In May of 2001 I notified the Division of Corporations that my address be changed to the current address at 3919 SW 100th Street Gainesville, FL 32607. Since that time, all of my notifications to file the corporate annual business report has been sent to my former address, which no longer exists. I found out that my corporation was inactive when I went on your web-site to get information I needed to file my worker's comp. exemption. I called and spoke to a woman in your office and she told me that it appears that the address change I submitted was never entered into your computer. She recommended that I write this letter and attach it to my reinstatement form with a check for \$450.00 for the 3 years I did not file annual reports.

Thank you,
Darrel A. Hilland