

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 15 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000005854

1. Corporation Name

FOUNTAIN BLUE POOL SERVICE, INC.

6680 LANTANA ROAD  
11528 KNIGHTSBRIDGE PLACE

2. Principal Office Address

6680 LANTANA ROAD

3. Mailing Office Address

11528 KNIGHTSBRIDGE PLACE

Suite, Apt. #, etc.

SUITE 12

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

WELLINGTON, FL

Zip

33467

Country

Zip

33467

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-21-1999

5. FEI Number  
65-0892013

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

800041903128  
10/15/04--01061--010 \*\*750.00

7. Name and Address of Current Registered Agent

Name

JOSEPH GALAN

Street Address (P.O. Box Number is Not Acceptable)  
11528 KNIGHTSBRIDGE PLACE

Suite, Apt. #, Etc.

City

WELLINGTON

State  
FL

Zip Code  
33467

**REINSTATEMENT**

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 X

*Joseph Galan*

REGISTERED AGENT MUST SIGN

Date X

10/8/4

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
D	JOSEPH GALAN	11528 KNIGHTSBRIDGE PLACE	WELLINGTON, FL-33467

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: X *Joe Galan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/8/4 X

Daytime Phone #

969  
2299

CR2E081 (01/04)