

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03-OCT 21 AM 10:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000005854**

1. Corporation Name

**FOUNTAIN BLUE POOL SERVICE, INC.**

Principal Place of Business

Mailing Address

6680 LANTANA RD STE 12  
 LAKE WORTH FL 33467

~~5235 WHITEWOOD COVE SOUTH~~  
~~LAKE WORTH FL 33467~~



**REINSTATEMENT 03**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/21/1999

Suite, Apt. #, etc.

11528 Knightsbridge Place

5. FEI Number

65-0892013

Applied For

City & State

Wellington FL

Not Applicable

Zip

Country

Zip

Country

33467 PBC

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GALAN, JOSEPH	<del>5235 WHITEWOOD COVE SOUTH</del> 11528 Knightsbridge Place	<del>LAKE WORTH FL 33467</del> Wellington FL 33467

700023969877  
 10/21/03--01061--007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALAN, JOSEPH  
~~5235 WHITEWOOD COVE SOUTH~~ 11528 Knightsbridge Pl.  
 LAKE WORTH FL 33467 Wellington, FL 33467

Name **GALAN, Joseph**  
 Street Address (P.O. Box Number is Not Acceptable) **11528 Knightsbridge Place**  
 Suite, Apt. #, Etc.  
 City **Wellington** State **FL** Zip Code **33467**

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
 REGISTERED AGENT MUST SIGN

Date

10-14-03

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-03

Daytime Phone #

CR2E040 (7/03)

Fountain Blue Pool Service, Inc.

6680 Lantana Rd. Suite 1 & 2  
Lake Worth, FL 33467  
Phone (561) 969-2299 Fax (561) 969-0667

10-14-03


Re: Notice of Reinstatement

Doc. #P99000005854

To Whom It May Concern:

Please be advised that the prior two UBR applications were not received. I believe they were sent to the old address. I have corrected the addresses on the application for reinstatement. I have also enclosed the appropriate fee to file this report.

Respectfully,

  
Joseph Galan  
Owner / President  
Fountain Blue Pools, Inc.