

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000022522

1. Corporation Name

AQUA-GATOR POOL SERVICE, INC.

2. Principal Office Address

504 Cherry Street
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2513
Suite, Apt. #, etc.

City & State

South Daytona, FL

City & State

Daytona Beach, FL

Zip

32119 USA

Zip

32115 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/08/1999

5. FEI Number

59-3558744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ralph T. Lee, Jr.

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

504 Cherry Street

Suite, Apt. #, Etc.

City

South Daytona, FL 32119

State

FL

Zip Code

32119

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**

[Signature]

Date 2-2-04

REGISTERED AGENT MUST SIGN

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	LEE, RALPH T JR	504 Cherry Street	South Daytona, FL 32119
V	LEE, TRACY	504 Cherry Street	South Daytona, FL 32119

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:

Tracy Lee - Tracy Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04

Date

(386) 767-0035

Daytime Phone #

CR2E081 (01/04)

AQUA-GATOR POOL CO., INC.

P.O. Box 2513
Daytona Beach, FL 32115-2513
(386) 767-0035
(386) 767-0035 Fax

February 3, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please accept this application for reinstatement of corporation for Aqua-Gator Pool Service, Inc.. We had numerous problems receiving mail at our post box this past year. As our office was putting papers together for our accountant, we realized we never received renewal forms and therefore we never filed our corporation papers. We have made several complaints with the post office and hopefully, this problem has been corrected. Please accept our apologies for this matter.

Thank you for your time.

Sincerely,



Ralph Lee

Aqua-Gator Pool Service, Inc.