

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000026050

1. Corporation Name

SHOWCASE POOL PLASTERING INC.

Principal Place of Business

Mailing Address

1304 SE 19TH ST.  
CAPE CORAL FL 33990

1304 SE 19TH ST.  
CAPE CORAL FL 33990

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

03/16/1999

5. FEI Number

65-0906912

Applied For

Not Applicable

6.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	WERTIN, MATTHEW J	1304 SE 19TH ST.	CAPE CORAL FL 33990
DSH	WATSON, ERFREM L	4921 GARY DR.	FT. MYERS FL 33905

000004686230--6  
-11/16/01--01105--015  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WERTIN, MATTHEW J  
1304 SE 19TH ST.  
CAPE CORAL FL 33990

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-17-01

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: *Matthew J Wertin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MATTHEW J WERTIN 10-17-01



Erftrem L. Watson

Matthew J. Wartin

Licensed • Insured

**Showcase Pool Plastering Inc.**

DIAMOND BRITE : MARCITE : KRYSTAL KRETE

Over 23 Years Experience

(941) 772-5295

(941) 693-9427 Fax

1304 SE 19th Street

Cape Coral, Florida 33990

OCTOBER 15, 2001

TO WHOM IT MAY CONCERN:

THIS IS <sup>Our</sup> ~~ARE~~ FIRST FULL YEAR IN BUSINESS. THIS FORM IS NEW TO US. I DON'T RECALL RECEIVING ONE.

PLEASE WAIVE MY 600.00 FEE TO 150.00. NOW, THAT I KNOW WE NEED TO SEND IN A YEARLY FORM AND 150.00

TO THE STATE OF FLORIDA. I GUARANTEE THIS WON'T NEVER HAPPEN AGAIN. PLEASE REINSTATE OUR CORPORATION. ALSO, I LISTED MATTHEW WERTIN AS PRESIDENT AND ERFREM WATSON AS SECRETARY AND TREASURER.

THANK YOU

MATTHEW WERTIN  
PRESIDENT  
941-772-5295