

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 APR 30 PM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034417

1. Corporation Name

LYDIA BRACK POOL SALES, INC.

Principal Place of Business

Mailing Address

4388 SW GRACE CT.
PORT ST. LUCIE FL 34953

4388 SW GRACE CT.
PORT ST. LUCIE FL 34953



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

04/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0908099

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	LYDIA BRACK	4388 S.W. GRACE CT.	PORT ST. LUCIE, FL. 34953

300004194763-3
-05/11/01 --01010 --004
****158.75 ****158.75

REINSTATEMENT 00-01

8. Name and Address of Current Registered Agent

BRACK, LYDIA
4388 SW GRACE CT.
PORT ST. LUCIE FL 34953

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Lydia L Brack
REGISTERED AGENT MUST SIGN

Date

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:

Lydia L Brack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M.W

CR2E040 (8/00)