

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000057802

1. Corporation Name

MILLENNIUM POOL CARE, INC.

Principal Place of Business

149-4TH STREET, APT. #4  
JUPITER FL 33458

Mailing Address

149-4TH STREET, APT. #4  
JUPITER FL 33458

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
P.O. Box 7632

City & State  
Jupiter, FL

Zip  
33468

Country  
U.S.A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
P.O. Box 7632

City & State  
Jupiter, FL

Zip  
33468

Country  
U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

06/17/1999

5. FEI Number

65-0934487

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
(P)	HODGE, AARON	149-4TH STREET, APT. #4	JUPITER FL 33458
<del>(P)</del>	<del>COMPTON, NEVIN</del>	<del>149-4TH STREET, APT. #4</del>	<del>JUPITER FL 33458</del>
V	Natoli, Peter	3231 B Meridian Way S2	Palm Bch Gardens, FL 33410

8. Name and Address of Current Registered Agent

HODGE, AARON  
149-4TH STREET, APT. #4  
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name Peter Joseph Natoli  
Street Address (P.O. Box Number is Not Acceptable)  
3231 B Meridian Way South  
Suite, Apt. #, Etc.  
City Palm Beach Gardens State FL Zip Code 33410

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

*(Signature of Aaron Hodge)*  
REGISTERED AGENT MUST SIGN

Date 1/31/01

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:

*(Signature of Aaron Hodge)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

561-748-0926

FILED  
01 FEB 19 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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-02/27/01--01127--017  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

CR2E040 (8/00)