

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 19 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # P99000094396

1. Corporation Name

All In One Pools, Inc.

2. Principal Office Address - No P.O. Box #

3705 N. Courtenay Pkwy.

Suite, Apt. #, etc.

3. Mailing Office Address

3705 N. Courtenay Pkwy.

Suite, Apt. #, etc.

City & State

Mecitt Island FL

City & State

Mecitt Island FL

Zip

32953

Country

US

Zip

32953

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1999

5. FEI Number

59-3607251

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

Wendy Geiger

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

3705 N. Courtenay Pkwy.

Suite, Apt. #, Etc.

City

Mecitt Island

State

FL

Zip Code

32953

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

10-12-12

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 |
|--------|--------------------------------------|---|-------------------------|
| VP | Wendy Geiger | 2100 Chase Hammock Dr. | Mecitt Island, FL 32953 |
| P | Steve Geiger | 2100 Chase Hammock Dr. | Mecitt Island, FL 32953 |
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| | | | |

10. E-mail Address:

Steve@AllInOnePools.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-12

321-455-9839 Office