

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 19 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07/12/00 90015 048 #550

DOCUMENT # **P99000094448**

1. Corporation Name

CAPE POOL RENOVATIONS, INC.

Principal Place of Business

5313 S.W. 8TH COURT
CAPE CORAL FL 33914

Mailing Address

5313 S.W. 8TH COURT
CAPE CORAL FL 33914

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1999

5. FEI Number

65-0957232

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
D	WARD, KAMI S	5313 S.W. 8TH COURT	CAPE CORAL FL 33914
D	WARD, SCOTT A	5313 S.W. 8TH COURT	CAPE CORAL FL 33914
VP	MILLER, MICHAEL G.	18629 Miami Blvd.	Ft. Myers, FL 33912
			000003524160--3 -01/05/01--01004--009 ****200.00 ****200.00
			REINSTATEMENT
			SP

8. Name and Address of Current Registered Agent

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 200
FORT MYERS FL 33919

9. Name and Address of New Registered Agent

Name: **SCOTT WARD**
Street Address (P.O. Box Number is Not Acceptable):
5313 S.W. 8TH COURT
Suite, Apt. #, Etc.:
City: **CAPE CORAL** State: **FL** Zip Code: **33914**

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 *Scott Ward*

REGISTERED AGENT MUST SIGN

Date **11-26-00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-00 **941-542-2658**

Date

Daytime Phone #