

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris,

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL -8 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109253

1. Corporation Name

Bayside Pool Service of Naples, Inc.

2. Principal Office Address

1790 Hummingbird Ct

Suite, Apt. #, etc.

Marco Island, FL

City & State

Zip

34145

Country

USA

3. Mailing Office Address

1790 Hummingbird Ct

Suite, Apt. #, etc.

City & State

Marco Island FL

Zip

34145

Country

USA

2001-2002 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

12-16-1999

5. FEI Number

593616451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Phil Pastore

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

1790 Hummingbird Court

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

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

Phil Pastore

REGISTERED AGENT MUST SIGN

Date

6.18.02

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

owner/ president Phil Pastore 1790 Hummingbird Ct Marco Island FL 34145

10. 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:

Phil Pastore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.18.02 239-394-0811

Date

Daytime Phone #

CR2E081 (9/01)

**DO NOT REMOVE**

2 of 2

6-17-02

As per our conversation I am writing  
this letter to restate Bayside  
Pool Service of Naples Inc. and  
also ask the fee be waived  
because the paper work was never  
received. Enclosed is a check  
for 308.75 please contact me  
if I have made any errors.

Thank you

Phil Proctor