

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S25718**

1. Corporation Name

CUE & CASE SALES, INC.

Principal Place of Business

Mailing Address

190 CUMBERLAND PARK DR
ST AUGUSTINE FL 32095
US

190 CUMBERLAND PARK DR
ST AUGUSTINE FL 32095
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1991

5. FEI Number

59-3045114

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
<i>VP</i>	LUCAS, JAMES O., III	190 CUMBERLAND PARK DR.	ST AUGUSTINE FL 32095

000004668860--2
-11/06/01--01046--010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AKEL, EDWARD C.
3201 INDEPENDENT SQUARE
STE 2301
JACKSONVILLE FL 32217

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED
JAMES O LUCAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-01 (904) 824-9997

CR2ED40 (8/01)

CUE & CASE
SALES INCORPORATED

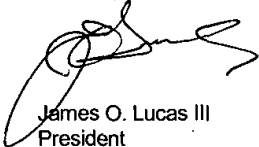
190 Cumberland Park Dr
St. Augustine, FL 32095
(904) 824-9997 * 1-800-835-POOL
(7665)

10/12/01

To Whom It May Concern:

Cue and Case Sales, Inc. received an application for reinstatement from the Division of Corporations on October 12, 2001. We did not receive the original 2001 annual report/ uniform business report in the mail. If you review our history, it should reflect the company normally makes the payment within January of that year. We are extremely concerned about this issue and would like to get this taken care of as soon as possible. Enclosed is the completed reinstatement form and a check for \$150.00 as instructed by your calling center. If you have any questions or concerns, please give me a call at (904) 824-9997. Thank you.

Sincerely,



James O. Lucas III
President