

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 21 PM 4:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V38335

1. Corporation Name

FOUNTAIN CLEAR POOL FILTRATION, INC.

Principal Place of Business

**1830 NW 54 AVE.
MARGATE FL 33063
US**

Mailing Address

**1830 NW 54TH AVE.
MARGATE FL 33063**

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

05/22/1992

5. FEI Number

05-0130652

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	NOBLES, JOE	510 NW 60TH TERR 1401 S. Ocean Blvd. #705	MARGATE FL Pompano, FL 33062
VP	NOBLES, KATHERINE	510 NW 60TH TERR 1401 S. Ocean Blvd. #705	MARGATE FL Pompano, FL 33062

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**-11/26/96-01024-022
###\$375.00 ###\$375.00**

B1-22-96

8. Name and Address of Current Registered Agent

**NOBLES, JOE F
510 NW 60 TERR.
MARGATE FL 33063**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

St

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
REGISTERED AGENT MUST SIGN

Date **11/20/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

11/20/96 754-979-5606
Date Daytime Phone