

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
2020 July 31 PM 12:07

DOCUMENT # 45 000 177 458

1. Limited Liability Company's Name

Dr. Pool And Spa LLC

700 349446487

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

3. Mailing Office Address

630 SW 71st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines FL

Zip

Country

Zip

Country

33023

US

8. Name and Address of Current Registered Agent

Name

Delice Lafurline

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

630 SW 71st Ave

Apt. # Etc.

City

Pembroke Pines

State

FL

Zip Code

33023

9. I, being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Delice Lafurline
REGISTERED AGENT MUST SIGN

Date

07/28/2020

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>Mgr</u>	<u>Delice Lafurline</u>	<u>630 SW 71st Ave Pembroke Pines FL 33023</u>	<u>Pembroke Pines FL 33023</u>
<u>Mgr</u>	<u>Rudlyne Augustin</u>	<u>630 SW 71st Ave Pembroke Pines FL 33023</u>	<u>Pembroke Pines FL 33023</u>

JUL 31 2020

R. HUNT

REINSTATEMENT

11. E-mail Address

Delice.lafurline@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. 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 of authorized representative/member

Delice Lafurline

Date

07/28/2020

Daytime Phone #

954 7025 940