

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 15 AM 8:23

DOCUMENT # P02000130852

1. Corporation Name

C.E.M. POOL SERVICES,
Incorporated

REINSTATEMENT 03-05

2. Principal Office Address

5567 CHASE CT

Suite, Apt. #, etc.

City & State

wfb

Zip

FL

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33415

Country

PB

4. Date incorporated or Qualified
To Do Business in Florida

12/12/02

5. FEI Number

46-0510659

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIZ C. MAGALHAES

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

5567 CHASE CT

Suite, Apt. #, Etc.

City

wfb

State

FL

Zip Code

33415

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

01/7/05

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 |
|-------------|--------------------------------------|---|---------------------|
| <u>PRES</u> | <u>LUIZ C. MAGALHAES</u> | <u>5567 CHASE CT wfb FL 33415</u> | <u>wfb FL 33415</u> |
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/7/05

Daytime Phone #

(501)
512-3696

CR2E081 (07/04)