PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 30 PM 2:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000006805**

1 Corporation Name

AQUAQUIP SWIMMING POOLS, INC.

Principal Place of Business	Mailing Address
~~4300 WEST 10 AVENUE~~ ~~HIALEAH FL 33012~~	P.O. BOX 160367 MIAMI FL 33116-0367

REINSTATEMENT ao 96

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
2601 S BAYSHORE DR	
Suite, Apt. #, etc. #1250	Suite, Apt. #, etc.
City & State MIAMI FL.	City & State
Zip 33133 Country U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/26/1995

5. FEI Number: 65-0549904 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $6.78 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	GARMENDIA, LORENZO R	~~4300 WEST 10 AVENUE~~ 2601 S BAYSHORE DR #1250	~~HIALEAH FL 33012~~ MIAMI FL 33133
			700002050517--1 -01/08/97--01049--027 ****967.50 ****383.75

8. Name and Address of Current Registered Agent

~~AMERILAWYER~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name: LORENZO GARMENDIA
Street Address (P.O. Box Number Is Not Acceptable): 2601 S BAYSHORE DR #1250
Suite, Apt. #, Etc.: #1250
City: MIAMI State: FL Zip Code: 33133

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: 12/26/96.

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: PRESIDENT SIGNATURE REQUIRED LORENZO GARMENDIA 12/26/96. (305) 253-8379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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