

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F14597

1. Entity Name  
PREMIER POOLS, INC.



Principal Place of Business

7400 NW 7ST  
#113  
MIAMI, FL 33126

Mailing Address

7400 NW 7ST  
#113  
MIAMI, FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10272004

REIN-P

CR2E098 (6/04)

4. FEI Number

59-2053003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENFIELD, ALAN E., P.A.  
12540 VIRTUDES STREET  
CORAL GABLES, FL 33156

7. Name and Address of New Registered Agent

Name **GLORIA D ESPINOSA**

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

**12540 VIRADES ST**

City **CORAL GABLES**

FL

Zip Code **33156**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/22/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ESPINOSA, LUIS JR. ☐ Delete  
STREET ADDRESS 12540 VIRTUDES ST.  
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE D  
NAME ESPINOSA, GLORIA D ☐ Delete  
STREET ADDRESS 12540 VIRADES ST  
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **800043044428**  
CITY-ST-ZIP **11/29/04--01063--018 \*\*150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **REINSTATEMENT 04**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Gloria D. Espinosa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/04

Date

305-261-1927

Daytime Phone #