

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F89305

FILED
Dec 03, 2009
Secretary of State

Entity Name: RAY LENNON POOL SERVICE, INC.

Current Principal Place of Business:

1012 SW 3RD ST
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:
1012 SW 3 ST.
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 59-2199870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENNON, CAROLE
1012 SW 3RD STREET
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CAROLE LENNON

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: LENNON, CAROLE
Address: 1012 SW 3RD ST.
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: LENNON, MICHAEL
Address: 10253 RIVERBEND TERRACE
City-St-Zip: BOCA RATON, FL 33498

Title: V () Delete
Name: LENNON, JOSEPH
Address: 3543 NE BOCA RATON ROAD
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: LENNON, MICHAEL
Address: 3089 NW 27TH TERRACE
City-St-Zip: BOCA RATON, FL 33434

Title: V (X) Change () Addition
Name: LENNON, JOSEPH
Address: 3543 NW BOCA RATON ROAD
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE LENNON

Electronic Signature of Signing Officer or Director

PDS

12/03/2009

Date