APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

00 JAN 31 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J90946

1. Corporation Name

GATOR POOLS OF MIAMI, INC.

Principal Place of Business | Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
2070 NW 79 Ave.
Suite, Apt #, etc
City & State: Miami, FL
Zip: 33126 Country: USA

3. New Mailing Address, If Applicable
2070 NW 79 Ave.
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33126 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida
09/01/1987

5. FEI Number: 65-0020128 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee 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
P/S/D	Luis Nunez	2070 NW 79 Ave.	Miami, FL 33126
			100000312707 1 2 -02/08/00--01031--015 *****88.75 *****88.75
	REINSTATEMENT 89-2000 cw		
			100000312707 1 2 -02/08/00--01031--016 ***2053.75 ***2053.75

8. Name and Address of Current Registered Agent
Manuel Chong Cuan, Jr.
8370 W Flagler St. S-230
Miami, FL 33144

9. Name and Address of New Registered Agent
Name: Luis Nunez
Street Address (P.O. Box Number is Not Acceptable): 2070 NW 79 Ave.
Suite, Apt. #, Etc.
City: Miami State: FL Zip Code: 33126

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: Luis Nunez — REGISTERED AGENT MUST SIGN — Date 1/28/00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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.

SIGNATURE: Luis Nunez — Luis Nunez — 1/28/00 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date