

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 12 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
01-02

DOCUMENT # J90946

1. Corporation Name

Gator Pools of Miami Inc.

2. Principal Office Address

12251 SW. 202 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

12251 SW. 202 Ave

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33196

Country

Dade

Zip

33196

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

9-01-87

5. FEI Number

65-0020128

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

Barbara Nuñez

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

12251 SW. 202 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

500006657995-9

07/25/02 01637-016
****308.75 ****308.75

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

Barbara Nuñez

REGISTERED AGENT MUST SIGN

Date

7-11-02

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
PD	Luis Nuñez	12251 SW. 202 Ave.	Miami, Fla. 33196
D	Barbara Nuñez	12251 SW. 202 Ave.	Miami, Fla. 33196

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:

Barbara Nuñez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-02 (305)234-9491

Date

Daytime Phone #

2 of 2

Attn. Florida Department of State
ref # J90946

Per our conversation I am sending
\$300.00 dollars for the year 2001
and 2002. Due to I never
received it because of an
address change that was
notified to your office.
Please waive our penalties.

Thank You


President