PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

04 JUL 30 PM 12: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J90946

1. Corporation Name
Gator Pools of Miami, Inc.

2. Principal Office Address
12251 S.W. 202 Ave
Suite, Apt. #, etc.

3. Mailing Office Address
12251 SW. 202 Ave.
Suite, Apt. #, etc.

REINSTATEMENT 05-04

City & State
Miami, Florida

City & State
Miami, Florida

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

Zip 33196 | Country Dade

Zip 33196 | Country Dade

5. FEI Number 650020128 | 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 Nunez

Street Address (P.O. Box Number is Not Acceptable)
12251 SW. 202 Ave.
Suite, Apt. #, Etc.

City Miami | State FL | Zip Code 33196

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 _____
REGISTERED AGENT MUST SIGN

Date 7-29-04

CR2E081 (9/00)

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 Nunez	12251 SW.202 Ave.	Miami, Fl. 33196
D	Barbara Nunez	12251 SW. 202 Ave.	Miami, Fl 33196
			500040259905 08/17/04--01068--001 **908.75

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-04
Date | Daytime Phone #