

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 28 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **K61061**

1. Corporation Name

**CLASSIC POOLS OF MIAMI, INC**

2. Principal Office Address

**25375 SW 202 AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**25375 SW 202 AVE**

Suite, Apt. #, etc.

City & State

**Homestead, FL 33031**

Zip

Country

City & State

**Homestead FL 33031**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0083282**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 6a.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**William T. Hill**

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

**25375 SW 202 AVE**

Suite, Apt. #, Etc.

City

**Homestead, FL 33031**

State  
**FL**

Zip Code

**500006198735-9**  
**-07/03/02--01044--004**  
**\*\*\*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

**Wm T. Hill**

Date

REGISTERED AGENT MUST SIGN

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
P	Wm. T. Hill	25375 SW 202 AVE	Homestead, FL
V	Rosario Hill	25375 SW 202 AVE	Homestead, FL
S	MARCY Hill	25375 SW 202 AVE	Homestead, FL

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:

**Wm T. Hill**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**6-24-02 305-246-0770**

Daytime Phone #

CR2E001 (3/01)

# The Classic Pools of Miami

Phone 305-246-0770

June 24, 2002

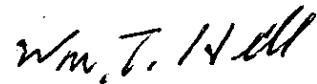
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Katherine Harris,

I am writing this letter because the reason for which our corporation Classic Pools of Miami was canceled was because we never received a letter informing us that we needed to renew with the Florida Department of State. I am usually very aware of the status and maintenance of my corporation, but during the time when I was supposed to renew I suffered the passing of my father. Unfortunately, I was unable to recall on my own that it was time to renew. It wasn't until today, when I received a phone call, that I was informed that my corporation had been canceled.

I have enclosed the Corporation Reinstatement and a check for three hundred dollars. I apologize for any inconvenience that this has caused and I greatly appreciate your help.

Sincerely,



William T. Hill  
Classic Pools of Miami

Enc: Corporation Reinstatement Form