

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
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.

City & State

Homestead, FL

Zip  
33031

Country

3. Mailing Office Address

25375 SW 202 Ave

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip  
33031

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/1989

5. FEE Number

65-0083282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name  
Hill, William T

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

25375 SW 202 Ave

Suite, Apt. #, Etc.

City  
Homestead,

State  
FL

Zip Code  
33031

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

*William T. Hill*

Date 2-28-2006

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	Hill, William T	25375 SW 202 Ave	Homestead, FL 33031
V	Hill, Rosario	25375 SW 202 Ave	Homestead, FL 33031
S	Hill, Marcy	25375 SW 202 Ave	Homestead, FL 33031

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 contained in Chapter 119, 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:

*William T. Hill* William T. Hill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-2006

Date

305-246-0770

Daytime Phone #