

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-08
256.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 10 AM 9:18

DOCUMENT # L04000005457

1. Limited Liability Company's Name

POOL TOOLZ

2. Principal Office Address

135 WESTON RD.

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33326

Country

3. Mailing Office Address

2281 SALERNO CIRCLE

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

CR2E041 (8/05)

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

1/19/2004

6. FEI Number

20-0642978

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NELSON BAUZA

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

2281 SALERNO CIRCLE

Suite, Apt. #, Etc.

City

WESTON, FL

State

FL

Zip Code

33327

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	NELSON BAUZA	2281 SALERNO CIRCLE	WESTON, FL 33327
MGR	DANIEL BAUZA	223 EAST FORESTOAK CIRCLE	DAVIE, FL 33325
			700082822987 01/17/07--01040--011 **100.00
			700082822987 12/28/06--01038--022 **150.00
			05-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of

Managing Member/Manager

Date

12/21/06

Daytime Phone #

786 444-7292

Typed or printed name of signing Managing Member/Manager