

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L14230 1. Entity Name KRISTAL BLUE POOL COMPANY OF MIAMI				FILED 05 APR -4 PM 4:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 17641 SW 87 AVE MIAMI, FL 33157 US		Mailing Address 17641 SW 87 AVE MIAMI, FL 33157 US		 REINSTATEMENT 04-05 03312005 REIN-P CR2E09816	
2. Principal Place of Business 20335 SW 79 Ct Suite, Apt. #, etc.		3. Mailing Address 20335 SW 79 Ct Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33189 Country USA		Zip 33189 Country USA			
4. FEI Number 65-0145026		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
6. Name and Address of Current Registered Agent CASTILLO, MADELEINE 17641 SW 87 AVE MIAMI, FL 33157					
7. Name and Address of New Registered Agent Name Madeleine Castillo Street Address (P.O. Box Number is Not Acceptable) 20335 SW 79 Ct City Miami FL Zip Code 33189					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Madeleine Castillo</i></u> <u><i>Madeleine Castillo</i></u> <u>3/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CASTILLO, NELSON D STREET ADDRESS 17641 SW 87 AVE CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE PD NAME Castillo, Nelson D STREET ADDRESS 20335 SW 79 Ct CITY-ST-ZIP Miami, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME CASTILLO, MADELEINE STREET ADDRESS 17641 SW 87 AVE CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE STD NAME Castillo, Madeleine STREET ADDRESS 20335 SW 79 Ct CITY-ST-ZIP Miami, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Nelson D. Castillo</i></u> <u><i>Nelson D. Castillo</i></u> <u>3-30-05</u> <u>(205) 251-8239</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					