

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL -1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/05/02--01083--026
****300.00 ****300.00

DOCUMENT # **M30074**

1. Corporation Name

ROYAL POOL SERVICE, INC

2. Principal Office Address

7250 NW 8RT

Suite, Apt. #, etc.

Bay 8

City & State

MIAMI, FL

Zip

33176

Country

USA

3. Mailing Office Address

7250 NW 8 RT

Suite, Apt. #, etc.

Bay 8

City & State

MIAMI, FL

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/86

5. FEI Number

59-2658671

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

ARMANDO VIERA

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

7250 NW 8 RT, Bay 8

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

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	ARMANDO VIERA	7250 NW 8RT #8	MIAMI, FL 33176

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

6-27-02

Date

305-665-5126

Daytime Phone #

CR2E081 (9/01)

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of

ROYAL POOL SERVICE, INC.

a corporation organized under the Laws of the State of Florida, filed on APRIL 8, 1986.

The document number of this corporation is M30074.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
8th day of April 1986.



CR2E022 (10-85)

George Firestone
Secretary of State