

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 15 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000016759**
1. Corporation Name
All Pools, Inc.

900163618689
12/15/09--01032--020 **300.00

REINSTATEMENT **08-09**

2. Principal Office Address - No P.O. Box # 10240 CANDLESTICK LN		3. Mailing Office Address :	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PENSACOLA FL		City & State	
Zip 32514	Country E	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 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
RICHARD BONIBERGER

Street Address (P.O. Box Number is Not Acceptable)
10240 CANDLESTICK LN

Suite, Apt. #, Etc.

City
PENSACOLA

State
FL

Zip Code
32514

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **Richard Berger** Date **12-09-09**

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	RICH BONIBERGER	10240 600 CANDLESTICK LN	PENSACOLA FL 32514

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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. I further certify, 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: **Richard Berger** Date **12-9-09** Daytime Phone # **850-479-5813**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR