

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 JUN 25 PM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054750

1. Corporation Name

Barroso Pools, Inc.

Handwritten initials

REINSTATEMENT 02-03

2. Principal Office Address

4420 Cyprina Place

Suite, Apt. #, etc.

#4

City & State

Tampa, FL

Zip

33615-5281

Country

3. Mailing Office Address

4420 Cyprina Place

Suite, Apt. #, etc.

#4

City & State

Tampa, FL

Zip

33615-5281

Country

300019736029
05/22/03--01036--017 **480.00

300019736029

06/25/03--01025--009 **120.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/04/2001

5. FEI Number

65-1108695

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

Ailton N. Barroso

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

4420 Cyprina Place

Suite, Apt. #, Etc.

#4

City

Tampa

State

FL

Zip Code

33615-5281

12/09/02 01026 016 \$150.00

01/23/03 01038 005 \$150.00

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

Handwritten signature of Ailton N. Barroso

REGISTERED AGENT MUST SIGN

Date

5-19-03

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
PTSD	Ailton N. Barroso	4420 Cyprina Place #4	Tampa, FL 33615-5281

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:

Ailton N. Barroso, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-19-03

813-727-9057

Daytime Phone #

CP2E081 (10/02)