2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000005360

Entity Name: ACADEMY POOL SERVICES, INC

HERNANDEZ, BENJAMIN III

WINTER PARK, FL 32789

930 MINNESOTA AVE.

Name:

Address:

City-St-Zip:

FILED Oct 10, 2007 Secretary of State

y .tu	ACABEN	TT GGE GERVIGEG, IIVG.			
Current P	rincipal Place	of Business:	New Principal Place of Business:		
3936 S. SEMORAN BLVD. 149					
ORLANDO	, FL 32822				
Current Mailing Address:			New Mailing Address:		
3936 S. SEMORAN BLVD. 149					
	, FL 32822				
FEI Number:	52-2578512	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
3936 SOUTORLANDO The above in the State	named entity sof Florida.	NBLVD. SUITE 149 US submits this statement for the p	ourpose of changing its registered	l office or registered agent, or both,	
SIGNATUR		N HERNANDEZ iic Signature of Registered Age	nt .	 Date	
Election Can	ce with s. 607.19	3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	ot receive the prior notice.	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HERNANDEZ, É	EWORAN BLVD. SUITE 149	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (X PLARK, THOM/ 4954 SANOMA ORLANDO, FL	VILLAGE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title [.]	VP (Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BENJAMIN HERNANDEZ P 10/10/2007