

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000016707

1. Corporation Name

The Pool Pro's of South Florida, Inc.

2. Principal Office Address

4911 Lyons Tech Pkway

Suite, Apt. #, etc.

Ste 15

City & State

Coconut Creek, FL

Zip

33073

Country

USA

3. Mailing Office Address

4911 Lyons Tech Pkway

Suite, Apt. #, etc.

Ste 15

City & State

Coconut Creek, FL

Zip

33073

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/02

5. FEI Number

043608346

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

REINSTATEMENT 03-06

7. Name and Address of Current Registered Agent

Name

Rob Estrell

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

4720 Baldre Street

Suite, Apt. #, Etc.

Boca Raton,

City

Boca Raton

State

FL

Zip Code

33428

000073510830

05/01/06--01056--008 **1200.00

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

Date 03/16/06

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
Pres	Cesar Augusto Lanz	16 Royal Palm Way, 203	Boca Raton FL 33432
V.Pres	Robert Wayne Estrell	4720 Baldre Street	Boca Raton, FL 33428

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 contained in Chapter 119, 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

Cesar Augusto Lanz

Date

03/16/06

Daytime Phone #