

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 11 AM 9:49

RECEIVED
F.D.A.

DOCUMENT # 02000070725

1. Corporation Name

A PALACIOS POOL, INC.

2. Principal Office Address

3821 EAST 8TH COURT

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

Zip

33013

Country

MIAMI-DADE

3. Mailing Office Address

3821 EAST 8TH COURT

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

Zip

33013

Country

MIAMI-DADE

REINSTATEMENT 03-06

4. Date Incorporated or Qualified

To Do Business in Florida 06/26/2002

5. FEI Number

06-1639348

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

RIGOBERTO D. UMANA

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

3821 EAST 8TH COURT

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33013

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 08/30/2006

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/T/S	RIGOBERTO D. UMANA	3821 EAST 8TH COURT	HIALEAH, FL. 33013

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09/14/06 01022 002 **1200.75

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

08/30/2006 (305) 335-3229

Date

Daytime Phone #