

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000095497**

1. Corporation Name

POOL LEAK STOPPERS INC.

Principal Place of Business

Mailing Address

6100 SW 84 AVE
MIAMI FL 33143

6100 SW 84 AVE
MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MELENZ, WILLIAM D	6100 SW 84 AVE	MIAMI FL 33143

000025810070

12/29/03 01038 004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MELENZ, WILLIAM D
6100 SW 84 AVE
MIAMI FL 33143

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE *William D. Melenz*

REGISTERED AGENT MUST SIGN

Date

11-17-03

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 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:

SIGNATURE *William D. Melenz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-17-03

Daytime Phone #

CR2E040 (7/03)

MARIA'S INCOME TAX & ACCOUNTING SERVICES, INC.
5042 NW 188TH STREET
MIAMI, FL 33055
(305) 624-7781

November 17, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

RE: P02000095497
Pool Leak Stoppers, Inc.

Dear Sir/Madam:

Attached please find the Application for Reinstatement along with a check in the amount of \$150.00.

The above mentioned taxpayer did not receive the annual report and was not aware that this report needed to be filed. Please pardon the reinstatement fee.

Should you have any questions, please do not hesitate to contact me.

Thank you.



Maria Cernadas
Accountant

MC/ms
Enclosures

cc: Pool Leak Stoppers Inc.