PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 29, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P02000095497

1. Corporation Name: Pool Leak Stoppers Inc.

2. Principal Office Address	3. Mailing Office Address
11411 SW 41 Ter	11411 SW 41 Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33165 Country: U.S.A	Zip: 33165 Country: U.S.A

4. Date Incorporated or Qualified To Do Business In Florida: Sept 4, 2002

5. FEI Number: 01-0742855 ☐ 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: William D Mendez

Street Address (P.O. Box Number is Not Acceptable): 11411 SW 41 Ter

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33165

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: 8/28/06

CR2E081 (8/00)

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
PD	William D Mendez	11411 SW 41 Ter	Miami Florida, 33165
P	Alvarez, Darbin	11411 SW 41 Ter	Miami, Florida, 33165

900079720868
09/12/06--01062--007 **300.00

REINSTATEMENT 04/06

A. Williams AUG 29 2006

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.

(786)346-7761
(786)231-9847

SIGNATURE: _____ 8/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To the Division of Corporations
ATT To. Michel McCagin Reinstate Dept.

We have recently learned that Pool leak Stopper Inc has been inactive since 2004 caused by a misprint of one of the annual forms which it submitted with the corporation tax fee at Sept.

We never receive a notice thru the mail informing us on this matter despite the fact that the Division of Corporation receive a few payments since the dissolution, which gives pool leak Stopper a $550.— credit.

We believe due to all the hurricanes that Florida has experience, that it could had affect the mailing process, between miami and Tallahassee.

We were told by the reinstate Department of Corporations to write a letter explaining our current situation, an to send a payment of $300.— with a reinstatement document to reinstate Pool leak Stopper Inc.

We believe that this letter should be honored along with the $300. payment Due to the fact of not receiving any notice informing us on that situation and also Due to the fact that we continued to pay our corporation tax even though it was dissoluted at the time.

We hope to continue to provide good service for Miami Florida for the years to come.

Thank you

William Mendez