

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 28 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124455

1. Corporation Name

ALE'S POOL SERVICE INC

300173210573
04/06/10--01002--015 **150.00

300173210573
03/26/10--01003--024 **300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
10306 DORCHESTER DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 970812

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

FLORIDA

Zip

33428

Country

USA

Zip

33497

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 11-21-02

5. FEI Number
020653025

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

ALEJANDRO CAMPANA

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

(SAME) 10306 DORCHESTER DR.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 03-22-10

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	ALEJANDRO CAMPANA	SAME 10306 DORCHESTER DR.	BOCA RATON FL. 33428

REINSTATEMENT 09-10

RH

10. E-mail Address: alespool501@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-10

Date

Daytime Phone #