

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 25 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000012557

1. Corporation Name

SO FISTICATED POOL SERVICE INC

2. Principal Office Address - No P.O. Box #

10580 N.W. 57CT

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

SAME

Zip

33076

Country

U.S.A

Zip

SAME

Country

U.S.A

5/4/07 60826 014 \$145.00
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

02/03/03

5. FEI Number

56-2314684

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

EVERSON G. ALVES

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

10580 N.W. 57CT

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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]

Date 10-23-07

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
<u>PRESIDENT</u>	<u>EVERSON G. ALVES</u>	<u>10580 N.W. 57CT</u>	<u>CORAL SPRINGS FL 33076</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-07 954-5881323

Date

Daytime Phone #