

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000014567

1. Entity Name
CESAR CASTRO POOL & SPA, INC.



Principal Place of Business
9822 NW 53RD CT.
CORAL SPRINGS, FL 33076

Mailing Address
9822 NW 53RD CT.
CORAL SPRINGS, FL 33076

2. Principal Place of Business
6168 NW 85 way
Suite, Apt. #, etc.

3. Mailing Address
6168 NW 85 way
Suite, Apt. #, etc.

City & State
Parkland FL
Zip
33067
Country

City & State
Parkland FL
Zip
33067
Country

04112006 REIN-P CR2E098 (11/05)

4. FEI Number
51-0444110
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTRO, CESAR
9822 NW 53RD CT.
CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent

Name
Castro Cesar
Street Address (P.O. Box Number is Not Acceptable)
6168 NW 85 way
City
Parkland FL Zip Code
33067

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CASTRO, CESAR
9822 NW 53RD CT.
CORAL SPRINGS, FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Castro Cesar
6168 NW 85 way
Parkland FL 33067 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B. 4/19/06 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600073714166
05/02/06--01035--013 **300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #