

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000088697</b> 1. Entity Name <b>SANTOS POOL SERVICE, INC.</b>	
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FILED  
05 NOV 14 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1230 NW 13 ST #212-B BOCA RATON, FL 33486	Mailing Address 1230 NW 13 ST #212-B BOCA RATON, FL 33486
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2. Principal Place of Business	3. Mailing Address <b>1745 NW 4TH AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>4</b>

City & State	City & State <b>BOCA RATON</b>	4. FEI Number <b>20-0202561</b>	Applied For Not Applicable
Zip	Country	Zip <b>33432</b>	Country <b>PAIM BCH</b>

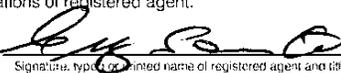


04262005 REIN-P CR2E098 (6/04)

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

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **10-17-05**

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>40006082057</b> <b>10/20/05--01042--016 **\$300.00</b>			
NAME	SANTOS, LUIZ H	NAME					
STREET ADDRESS	1230 NW 13 ST #212-B	STREET ADDRESS					
CITY - ST - ZIP	BOCA RATON, FL 33486	CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:  DATE: **10-17-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #