

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000088697

1. Entity Name
SANTOS POOL SERVICE, INC.



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

2. Principal Place of Business

3. Mailing Address
1745 NW 4TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc. 4

City & State

BOCA RATON

Zip

Country

Zip

33432

Country

PAIM BCH

04262005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-0202561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-17-05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SANTOS, LUIZ H
STREET ADDRESS 1230 NW 13 ST #212-B
CITY-ST-ZIP BOCA RATON, FL 33486

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-05

FILED
05 NOV 14 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

