

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000137312

FILED  
Oct 02, 2009  
Secretary of State

Entity Name: CLASSIC DESIGN POOLS, INC.

**Current Principal Place of Business:**

6434 EDEN LANE  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

6434 EDEN LANE  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 75-3098354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALKER, ROBERT I  
4006 SAN LUIS ST  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ROBERT WALKER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: LEBERTE, WILLIAM V  
Address: 6434 EDEN LANE  
City-St-Zip: TAMPA, FL 33634 US

Title: S ( ) Delete  
Name: LEBERTE, RICHARD P  
Address: 6434 EDEN LANE  
City-St-Zip: TAMPA, FL 33634 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LEBERTE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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10/02/2009

\_\_\_\_\_  
Date