

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

172

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 APR 7 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000074720

1. Corporation Name

F.O. POOLS, INC.

2. Principal Office Address

1128 SW 19TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33135

Country
MIAMI-DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

05/07/2004

5. FEI Number

20-1110595

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

EVA M. LOPEZ

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

1128 SW 19TH AVE

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33135

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

Date 03/01/2006

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
P	ORELLANA, FREDIS	1128 SW 19TH AVE	MIAMI, FL 33135
VP	LOPEZ, EVA M	1128 SW 19TH AVE	MIAMI, FL 33135

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2006

Date

305-477-3726

Daytime Phone #

282

F.O. POOLS, INC.

1128 SW 19TH AVE
MIAMI, FL 33135
PH: 305-649-8384

Wednesday, March 01, 2006

TO: FL DEPT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: 2005 FOR PROFIT CORPORATION ANNUAL REPORT
2006 CORPORATION REINSTATEMENT

To whom it may concern:

Please be informed that after today's conversation with the Reinstatement Department I finally understand why our 2005 Corporate Annual Report was rejected by your department. As I mentioned to the Reinstatement Department I never received a letter of rejection and since our check # 1081 dated 04/26/05 in the amount of \$ 150.00 was sent along with our 2005 Corporate Annual Report we assumed that our corporation was active until we applied for credit and were told that our corporation appeared inactive.

Enclosed you will find a completed copy of our 2005 Corporate Annual Report, which copy was sent to you along with our inquiry letter on 01/26/06 with a copy of the canceled check. You will also find a completed Corporation Reinstatement Application along with a check in the amount of \$150.00 as requested by the Reinstatement Department.

In addition, due to the fact that we never received your rejection notice of our 2005 Corporate Annual Report we request that you take this into consideration and waive the \$ 600.00 penalty posted on our account and reinstate our corporation as soon as possible. If you should have any additional questions you may contact my account Vanessa S. Pianelli @ 305-477-3726. Thanking you for your prompt cooperation in this matter.

Sincerely,



Eva M. Lopez
VICE-PRESIDENT/RA