

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000074919

1. Entity Name
ALDAY POOL SERVICE INC

Principal Place of Business
**6152 279TH ST EAST
MYAKKA, FL 34251 US**

Mailing Address
**6152 279TH ST EAST
MYAKKA, FL 34251 US**


2. Principal Place of Business
2600 VERNA Rd.
Suite, Apt. #, etc.

3. Mailing Address
2600 VERNA Rd.
Suite, Apt. #, etc.

City & State
MYAKKA City, FL
Zip
34251 Country
USA

City & State
MYAKKA City, FL
Zip
34251 Country
USA

6. Name and Address of Current Registered Agent
**GAY, JIM
3984 MANATEE AVE EAST
BRADENTON, FL 34208**

FILED
05 SEP 22 AM 9:34
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
8/22/05 90013 09 150.00

09212005 REIN-P CR2E098 (6/04) JK 9/22

4. FEI Number
20-1102184 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
DAVID ALDAY
Street Address (P.O. Box Number is Not Acceptable)
2600 VERNA Rd
City
MYAKKA City FL Zip Code
34251

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 David Alday DATE 8-16-05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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	P	<input type="checkbox"/> Delete	TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDAY, DAVID J		NAME	Alday, David J.	
STREET ADDRESS	6152 279TH ST EAST		STREET ADDRESS	2600 VERNA Rd.	
CITY-ST-ZIP	MYAKKA, FL 34251		CITY-ST-ZIP	MYAKKA City, FL 34251	
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		
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: David Alday DATE 8-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR