

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -2 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000032325					
1. Entity Name MIRA POOL BUILDER, INC.					
Principal Place of Business 10801 SW 69TH DRIVE MIAMI, FL 33173 US			Mailing Address 10801 SW 69TH DRIVE MIAMI, FL 33173 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2427440	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIRABAL, FRANCISCO J 10801 SW 69TH DRIVE MIAMI, FL 33173			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: <i>Francisco J Mirabal</i>				DATE: <i>12/20/06</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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	PVP <input type="checkbox"/> Delete	10008291240 Change <input type="checkbox"/> Addition			
NAME	MIRABAL, FRANCISCO J	01/02/07--01055--013 **150.00			
STREET ADDRESS	10801 SW 69TH DRIVE				
CITY-ST-ZIP	MIAMI, FL 33173				
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Francisco J Mirabal</i>		DATE: <i>12/20/06</i>		DAYTIME PHONE: <i>305-649-7128</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone	

STATEMENT

B 1/4/07