2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000118687

MENDOZA, MIGUEL

HIALEAH GARDENS, FL 33018

9146 NW 120 ST

Name: Address:

City-St-Zip:

Entity Name: DIVINE POOLS & SPAS INC.

FILED Oct 12, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
9146 NW HIALEAH	120 ST GARDENS, FL 33018			
Current Mailing Address:			New Mailing Address:	
9146 NW HIALEAH	120 ST GARDENS, FL 33018			
FEI Number	: 20-3382666 FEI Number	Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	120 ST GARDENS, FL 33018 U		ournose of changing its registered	d office or registered agent, or both,
	e of Florida.	statement for the p	ourpose or changing its registered	d office of registered agent, or both,
SIGNATU	RE: CARLOS TORRES			
	Electronic Signature	of Registered Age	ent	Date
	ice with s. 607.193(2)(b), F.S., th mpaign Financing Trust Fund C		t receive the prior notice.	
	S AND DIRECTORS:	ontribution ().	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete TORRES, CARLOS 9146 NW 120 ST HIALEAH GARDENS, FL 3301	8	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CH () Delete TORRES, MANUEL 9146 NW 120 ST HIALEAH GARDENS, FL 3301	8	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete GONZALEZ, ALEJANDRO 9146 NW 120 ST HIALEAH GARDENS, FL 3301	В	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title:	T () Delete		Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS TORRES P 10/12/2007