

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000147378

**FILED**  
**May 18, 2012**  
**Secretary of State**

**Entity Name:** POOL FINISHING BY FAUST, INC.

**Current Principal Place of Business:**

1421 OTTAWA AVE.  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

2900 CORONET LN.  
910  
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

1421 OTTAWA AVE.  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

2900 CORONET LN.  
910  
JACKSONVILLE, FL 32207 US

**FEI Number:** 83-0452655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAUST, LAEL S  
1421 OTTAWA AVE.  
JACKSONVILLE, FL 32210 US

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

FAUST, LAEL S  
2900 CORONET LN.  
910  
JACKSONVILLE, FL 32207 US

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:** LAEL S. FAUST

05/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FAUST, LAEL S  
**Address:** CORONET LN.  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

I hereby 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 all other like empowered.

**SIGNATURE:** LAEL S. FAUST

P.

05/18/2012

Electronic Signature of Signing Officer or Director

Date