

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P05000163162

1. Corporation Name

Pool Angels Inc.

2. Principal Office Address - No P.O. Box #

1723 SW 45<sup>th</sup>

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Cape Coral

City & State

Cape Coral

Zip

FL

Country

Lee

Zip

33914

Country

Lee

7. Name and Address of Current Registered Agent

Name

Fausto Diaz

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

1723 SW 45<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

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

Fausto Diaz

REGISTERED AGENT MUST SIGN

Date

1/25/09

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
Pres.	Fausto Diaz	1723 SW 45 <sup>th</sup> Street	Cape Coral FL 33914
Vice	Marcia Diaz	1723 SW 45 <sup>th</sup> Street	Cape Coral FL 33914

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:

Fausto Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/09 239-945-4300

Daytime Phone #

FILED

09 FEB -9 AM 10: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000143191150  
02/09/09--01058--005 \*\*300.00

REINSTATEMENT 08-05

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/05

5. FEI Number

20-3940742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. \*