


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 FEB -2 P 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000023928			
1. Entity Name GERONIMO POOL & SPA CORPORATION			
Principal Place of Business 14716 SW 111 TER MIAMI, FL 33196		Mailing Address 14716 SW 111 TER MIAMI, FL 33196	
2. Principal Place of Business - No P.O. Box # 16421 SW 82 ST		3. Mailing Address 16421 SW 82 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33193	Country USA	Zip 33193	Country USA
6. Name and Address of Current Registered Agent DELGADO, RAMON 14716 SW 111 TER MIAMI, FL 33196		7. Name and Address of New Registered Agent Name Ramon DELGADO Street Address (P.O. Box Number is Not Acceptable) 16421 SW 82 ST City Miami FL Zip Code 33193	
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 X <u>Ramon Delgado</u> DATE 1-30-09 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY - ST - ZIP	P DELGADO, RAMON 14716 SW 111 TER MIAMI, FL 3196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	NEW ADDRESS: 16421 SW 82 ST Miami FL 33193 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900142607249 02/02/09--01013--017 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.		REINSTATEMENT 08-09 Date 1-30-09	
SIGNATURE: X <u>Ramon Delgado</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-30-09 Daytime Phone #	