PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								10 MAY -4 AM 9: 49			
DOCUMENT # PO70000 28679 1. Corporation Name								SECRETARY OF STAGE. THATE AHASSEE, FLOWDAL			
N.S.P. POOL SERVICES, CORP.											
,								900180294229 05/04/1001055015 **450.00			
		ess - No P.O. Bo	ox #	3. Mailing Office Address							
3531 NE 218T				٠ - ١ - ٥ - ١				CR2E081 (4/10)			
Suite, Apt. #	#. etc.			Suite, Apt. #. etc.				Date incorporated or Qualified			
City & State				City & State				r		10212007	
COCONUT CREEK,FL				EOCONUT CREER, PL				5. FEI Numbe	3569752	Applied For Not Applicable	
^{Zip} 330	66	Country USA		^{Zip} 330	66	Country いる	A	6.	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent								F	PROFIT CORPORATION	S ONLY	
PAULINO V NETO								The \$600.00 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.			
Street Address (P.O. Box Number is Not Acceptable)											
Suite, Apt. #, Etc.											
COCONUT CREEK FL 33066								j			
				e named corpo	ration, am fa			bligations of secti	on 607.0505 or 617.0503, F.:	S.	
Signature of Registered Agent Paulino Y Note: REGISTERED AGENT MUST SIGN									Date 04-29-2010		
9. Names	and Street A	ddresses of Eac	h Officer and	or Director (Flo	orida nonprof	it corporatio	ns must list at le	ast 3 directors)		- de mare	
Titles		Nam Officers and/		Street Address of Each Officer and/or Director					City / State / Zip		
P	PAUC	1001	70	0 3531 NE 21ST				COCONUT-CREEK-, FC33066			
vP	SIMONE DA SILL			VA 3531 NG 2157				coconat cre	æk,fc3306€		
					,			7			
	RE	INST	[AT]	EME	INT	•	RH		,	- Marie - Mari	
								v			
10. E-mail Address: PAULI NOV NETO @ 6 moull-com (To be used for future annual report notification)											
filing this	s reinstatemen	nt application, the	e reason for d	ssolution has b	een eliminat	ed, the corp	orate name satis	fies the requirem	for in chapter 607 or 617, F.S ents of section 607,0401 or 6	17.0401, F.S., that all	
fees awed by the corporation have been paid. I further certify, 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: 04-29-10 964-621-612										0.4	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								OR	Date	Daytime Phone #	