

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000029632

**FILED**  
**Aug 28, 2014**  
**Secretary of State**

**Entity Name:** MITCHELL ALLISON POOLS INC

**Current Principal Place of Business:**

4667 ROTHSCHILD DRIVE  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

4667 ROTHSCHILD DRIVE  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

**FEI Number:** 65-0698152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLOMBERS, MITCHELL  
4667 ROTHSCHILD DRIVE  
CORAL SPRINGS, FL 33067 US

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

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:** MITCHELL KLOMBERS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** KLOMBERS, MITCHELL  
**Address:** 4667 ROTHSCHILD DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33067

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:** MITCHELL KLOMBERS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PST

08/28/2014

\_\_\_\_\_  
Date