

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000025411

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** EDDIE'S POOL SERVICE, INC.

**Current Principal Place of Business:**

3295 PINE RIDGE RD.  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

6741 LIVINGSTON WOODS LANE  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 65-0489068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

IRIZARRY, DENISE  
3295 PINE RIDGE RD.  
NAPLES, FL 34109 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:** DENISE IRIZARRY

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** IRIZARRY, EDDIE  
**Address:** 6741 LIVINGSTON WOODS LN  
**City-St-Zip:** NAPLES, FL 34109

**Title:** V  
**Name:** IRIZARRY, DENISE  
**Address:** 6741 LIVINGSTON WOODS LANE  
**City-St-Zip:** NAPLES, FL 34109

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:** DENISE IRIZARRY

V

02/29/2012

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

\_\_\_\_\_  
Date